



**HARFORD COUNTY 4-H HORSE CLINIC  
REGISTRATION FORM**

**October 3, 2024 (Rescheduled Date) 9am-4pm  
at Harford County Equestrian Center  
608 N. Tollgate Road  
Bel Air, MD**

**Registration Due September 13, 2024**

\$25.00 per 4-H member

Bring your lunch

Snacks & drinks provided

\$25.00 Clean Stall Deposit on a separate check (Check will be returned after stall clean-out is checked and approved)

Make checks payable to: **Harford County EAC**

Send Registration fee, Clean Stall deposit & forms to:

Harford County 4-H, 3525 Conowingo Road, Suite 600, Street, MD 21154

**Activities**

- Games on horseback
- Learn how to apply leg and hoof bandages
- Learn how to lunge your horse
- Proper helmet and safety vest fit
- Tack Care
- Make horse treats & more!

**Participant Information:**

Name \_\_\_\_\_ 4-H Age \_\_\_\_ as of 1/1/2024

Address \_\_\_\_\_

Club \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

**Horse Information:**

Horse's name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height (hands) \_\_\_\_\_

Is your horse: Green \_\_\_\_\_ Experienced \_\_\_\_\_

Can you safely handle your horse by yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent:**

Are you a certified UME volunteer interested in volunteering a few hours? List time available on day of clinic. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_

**Send the following forms with the Registration & Fees:**

\_\_\_\_\_ Coggins                      \_\_\_\_\_ Liability Release

If you need a reasonable accommodation to participate, please contact the Extension Office at 410-638-3255, two weeks before the event.

University programs, activities, and facilities are available to all without regard to race, color, sex, gender identity or expression, sexual orientation, marital status, age, national origin, political affiliation, physical or mental disability, religion, protected veteran status, genetic information, personal appearance, or any other legally protected class.

EVENT NAME: Harford County 4-H Horse ClinicEVENT DATE(S) & LOCATION: October 3, 2024 Harford County Equestrian Center

I wish/my child wishes to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named Event. If the individual participating in this event is my minor child, I give my permission for my child's participation in this event. In connection with and consideration of participation in the Event, I, on behalf of my child and/or myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
  - Participating in activities associated with this Event.
  - Contact with animals that may be associated with this Event.
  - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
  - Residing in a hotel/dormitory or other housing with adults of the same gender.
  - Use of lodging facilities pool, exercise, and/or other recreational facilities.
  - Fire and/or weather-related events.
  - Terrorism attacks while participating or traveling to and from Event activities.
2. I understand participation in the Event is purely voluntary and neither my child nor I am in any way required to participate. I want to/want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should my child or I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if my child has/I have any health or medical conditions that may affect his/her/my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants, and I represent and warrant that my child has/I have adequate medical, health and/or other insurance.
4. I understand that the personal belongings in possession or control of youth participants of this event are subject to search and confiscation by 4-H faculty/staff or designated volunteers for the health and safety of youth participants and other persons, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within. Items subject to search include, but are not limited to: clothing, bags, purses, luggage, computers and/or electronic devices, assistive devices, vehicles, and their contents. Spaces assigned for personal use at this event, such as sleeping quarters, lockers, etc. are under 4-H control at all times and are also subject to search as described above. Search of property/space owned, possessed, or occupied by an adult will be conducted by law enforcement personnel, if necessary. Law enforcement personnel may always conduct lawful searches for law enforcement purposes.



5. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my/my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my/my child's participation in the Event and/or related activities.
6. I agree that my child/I will abide by all rules and regulations applicable to participation in the Program.
7. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, University of Maryland Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE AND INFORMED CONSENT FORM, AND AGREE TO ITS TERMS VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT AGREEMENT TO THESE TERMS IS REQUIRED FOR MY/MY CHILD'S PARTICIPATION IN THIS UNIVERSITY OF MARYLAND EXTENSION 4-H YOUTH DEVELOPMENT EVENT, AND THAT IF I CHOOSE NOT TO AGREE TO THESE TERMS I/MY CHILD CANNOT PARTICIPATE.

- 4-H Youth
  - Adult (over age 18)
- Participant's Status

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
\*Printed Name of Parent/Guardian

\_\_\_\_\_  
\*Parent/Guardian's Signature

\_\_\_\_\_  
Date

***\*PARENT/GUARDIAN SIGNATURE REQUIRED IF THE EVENT PARTICIPANT IS A 4-H YOUTH OF ANY AGE***