

NAME _____

CIRCLE ONE:

PEE-WEE JUNIOR SENIOR

**2019-2020
HORSE CLUB
MEMBER CHECKLIST**

Due to CEA Office before you attend a 4-H Horse Club practice.

Enrollment Form Completed

(If you have enrolled in 4-H for the '19-20 year it is not necessary to re-enroll)

Waiver Indemnification Signed

Copy of current Coggins

Horses without a current Coggins on file with the CEO will not be allowed on WCFG property. There will be no exceptions!

Fees Paid—

(\$35 enrollment, \$50 Horse Club Dues first child, \$40 for each additional child)

If you are using the same horse as a previous year, you can ask us to pull that information over for this year . But must let us know to do so.

Horse Designation Form

Proof of Horse Ownership

Registered Horses -Registration Papers in 4-H member or qualifying family members name.
Non Registered Horses—Completed Grade Form **and** Bill of Sale

**Horse(s) Project Validation Form with signatures
and Validation Fees**

\$10.00 or \$20.00/Horse - 4-H Horse Project Validation

Three digital pictures

(front view, left view, right view of any horses that has been not validated by Walker County 4-H
emailed to kkcorley@ag.tamu.edu)

2019-2020 4-H HORSE CLUB FEES

Horse Club Fees:

\$50.00 fee for first child signing up

\$40.00 fee for each additional child

This money pays for utilities, judges for shows, and equipment

\$10 or \$20 Horse fee for State Mandated 4-H Horse Validation

\$35 2019-2020 4-H Enrollment Fee (if not currently enrolled)

Your fees **NEED TO ACCOMPANY** your 4-H Enrollment Forms and Horse Club paperwork. Fees, enrollment form, minor's release, horse paperwork, and a copy of the current coggins **MUST** be in the County Extension Office **before you attend a practice.**

NO ONE MAY PARTICIPATE UNTIL ALL PAPERWORK IS COMPLETED AND FEES PAID!!

Name _____

PeeWee _____ Junior _____ Senior _____

Walker County 4-H Horse Club Fee _____

Walker County 4-H Horse Club Additional Child Fee _____

State Horse Validation Fee(s) before April 15th _____ X \$10.00

State Horse Validation Fee(s) after April 15th _____ X\$20.00

2019– 2020 4-H Enrollment Fee (if not currently enrolled) _____

Total amount due to Walker County 4-H Horse Club _____

Make checks payable to Walker County 4-H Horse Club

Check # _____ Check Amount _____ Cash _____

**PEEWEE
HORSE DESIGNATION
FORM 2019-2020**

Please designate which Division you will be riding this year. Check one.

PeeWee _____

Name of 4-H Member: _____

Primary Horse: _____

Alternate Horse(s):

**All horses you may possibly ride in the 4-H Horse program
MUST be declared NO LATER THAN April 15, 2020.**

2019-2020 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Walker County Horse Club

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Walker Co Horse Club (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment

due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/ permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

**In case of emergency, contact
at the following number** _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____