University of Idaho

4H Horse Program

Registration / Permission / Waiver

Signatures on back of page are required prior to participation in the Activity.

Name	(First)	(Last)	(Age)	❑ Male	❑ Female
Address	(Street)		(City, State, Zip)		
Phone	(Home)		(E-mail)		
School & City	(School)		(City)		
Emergency contact(s) & Insurance info	**NAME:**		(Relationship)		
	PHONES:	**WORK:**	**HOME:**	**CELL:**	
	NAME: (if needed)		(Relationship)		
	PHONES:	**WORK:**	**HOME:**	**CELL:**	
	(Medical insurance company name)				
	(Policy number)				

PLEASE NOTE: Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy while participating in activities sponsored by our Activity. In the event of injury or illness arising from participation in the Activity, American Income Life must be notified within 20 days of the date of the illness or injury. The Activity staff will have information on filing claims. **Insurance provided through American Income Life provides only limited protection for injuries or illnesses that occur while participants are participating in the Activity, and the participant's family is responsible for all medical expenses not covered by Activity insurance.**

Acknowledgement of Risk and Waiver of Liability
Parent/Guardian Permission

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to Activity Coordinators. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the above named activity ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity involving equines (horses), from which damage to my property, including but not limited to livestock, tack, and trailers, and from which bodily injury to myself, or my child, up to and including mortal injury, may occur. The risks include, but are not limited to, those arising from control and performance of horses that, with or without warning or any apparent cause and regardless of previous training and past performance, could make unpredictable movements, including but not limited to, bucking, kicking, rearing, running, jumping obstacles, stumbling, rolling, falling, biting, pawing, stepping on or moving people or things; physical activities that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited controlling a horse while on the ground or riding, lifting, pulling, stretching, or jumping that could result in bone fractures, muscle strains and sprains, head injuries and heart malfunctions; activities supplemental to the Activity, such as loading and unloading animals from horse trailers, controlling animals while in unfamiliar area and around other animals; use or operation, by me or others with varying skill levels, of animals, tack, equipment and vehicles in the condition in which they are found; instruction on riding or leading skills and supervising participants and horses; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, and extremes of heat or cold that could result in frost bite, hypothermia, heat exhaustion, heat stroke, sunburn or dehydration; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including but not limited to travel by van, private or rented auto; use of facilities, arenas, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity**.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity. I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the

This form continues on the back of this page. | **INITIAL PAGE 1 HERE:**

qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

I understand that any insurance provided through this Activity provides only limited protection for injuries that occur while participating and that I am responsible for all medical expenses not covered by Activity insurance. **Activity insurance is provided by an American Income Life camp accident policy.**

If my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at http://www.webs.uidaho.edu/fsh/2300.html; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me or my child during, and in connection with, the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho.

If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES YOU OR YOUR CHILD, CHECK HERE ☐

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: