

# PARTICIPANT'S AGREEMENT

## 2019 4-H California State 4-H Horse Classic

Must be signed by parent/guardian, exhibitor, project leader AND county office or county resource leader. Entry will not be accepted without signatures.

Member Name: \_\_\_\_\_ Club: \_\_\_\_\_

County: \_\_\_\_\_

Horse(s) (if participating in Horse Show) \_\_\_\_\_

List Horse Shows and Dates where you qualified: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of adult who is responsible for exhibitor \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian:** My child has my permission to participate in the California State 4-H Horse Classic held at the Brookside Equestrian Center. I further authorize the adult in charge to do whatever he/she deems necessary, including obtaining necessary emergency treatment and/or placing him/her under a physician's care in the event of illness or physical injury. I understand that while at this event, my child is expected to adhere to the 4-H Code of Conduct & I acknowledge that a 4-H Release Agreement is on file at the 4-H Office in my county.

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

**Exhibitor:** I have read the 4-H Code of Conduct and State Horse Classic Rules and will follow them. This entry form certifies that I am nine years old or older, that I have been enrolled in the 4-H program and in the Horse Project for over 120 days (if exhibiting in horse show), and that I own or lease the horse that I am riding at this event.

\_\_\_\_\_  
4-H Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**4-H Project Leader:** As the 4-H Horse Project Leader, I certify that this 4-H member has been enrolled in 4-H and in the Horse Project for over 120 days (if exhibiting in horse show), and that he/she has cared for the horse that they will be riding at this event.

\_\_\_\_\_  
4-H Project Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

**County 4-H Program Representative:** This 4-H member has been enrolled in 4-H and in the Horse Project for over 120 days (if exhibiting in horse show), and is eligible to compete at this event.

\_\_\_\_\_  
4-H County Staff's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Mandatory Volunteer Time

\_\_\_\_ Yes, I, or a representative on my behalf, will volunteer a minimum of 2 hours during the California State 4-H Horse Classic.

OR

\_\_\_\_ No, I will not volunteer a minimum of 2 hours during the California State 4-H Horse Classic. I will instead submit a payment of \$75.00 with my entry form to waive the volunteer requirement.

\_\_\_\_\_  
Name of individual performing volunteer time \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_