

**ACKNOWLEDGEMENT OF RISKS,
ACCEPTANCE OF RESPONSIBILITY,
AND WAIVER OF CLAIMS**

PLEASE READ AND COMPLETE THE FOLLOWING FORM ALONG WITH THE 4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT FORM. THESE FORMS MUST BE PRESENTED AT OR BEFORE THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED IN ORDER TO PARTICIPATE.

I recognize that there is a significant element of risk involved in horseback riding and the handling of horses. I certify that I am fully capable of participating in such activities. Knowing the inherent risks, dangers, and rigors involved in horseback riding and the handling of horses. I assume responsibility for myself from bodily injury, death, loss of personal property, and all expenses thereof, which may occur as a result of my participation in the handling of horses and/or horseback riding and waive any and all claims which may result wherefrom.

I recognize the risk of serious injury is increased by not wearing a hard hat while horseback riding. I agree to wear a hard hat of the type designed and approved for horseback riding at all times and I assume full responsibility for myself in the event I choose not to wear an approved hard hat.

I have read, understand, and agree to the terms and conditions stated herein. I acknowledge that this agreement shall be effective and binding upon me during the entire period of my participation in handling of horses and/or the taking of horseback riding lessons and trail rides during my participation in this and all 4-H Horse Events.

WARNING: UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES. North Carolina Horse Council, (919) 821-1030. N.C. Dept. of Agriculture and Consumer Services, Steve Troxler, Commissioner.

Signature of participant/parent/guardian dated this the _____ day of _____, 20_____.

X _____
Signature of Parent or Guardian or Adult Participant

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____, 20_____, personally appeared before me the said named, _____, to me known and to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires _____, 20_____.

(OFFICIAL SEAL)

Notary Public
