

**READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE LA PLATA COUNTY, ITS GOVERNING BOARD, COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES.**

**Permission for Youth to Participate in 4-H Horse Activities**

Valid from October 1<sup>st</sup>, 2017 to September 30<sup>th</sup>, 2018

I hereby give permission for \_\_\_\_\_ to participate in organized Horse Activities offered by the Colorado 4-H Youth Development Program. It is my understanding that my child will learn, understand and follow established guidelines for safely on and around horses. We understand that horse leaders will offer trainings, and it is our responsibility to learn when those trainings will be offered and attend scheduled workshops. We also agree to follow the County/State 4-H Code of Conduct.

**Release From Responsibility, Assumption of Risk, and Waiver**

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH (MO/DAY/YR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**LOCATION OF ACTIVITY (IES):** Durango, CO and Mancos, CO

**DATE(S) OF ACTIVITY (IES):** START DATE: October 1, 2017 END DATE: September 30, 2018

**DESCRIPTION OF ACTIVITIES:** Horse Shows, Gymkhanas, Workshops, Fun Days, Trail Rides & Horse Camp.

I, the undersigned participant, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the La Plata County 4-H & Horse Council, La Plata County, Its governing board, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activities.

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against La Plata County 4-H & Horse Council, La Plata County, its governing boards, the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above-named activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

**READ, UNDERSTOOD AND AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

Signature of Participant whose printed name appears above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness over 18 years of age (Participant must sign in the presence of the Witness)

**If participant is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver.

\_\_\_\_\_  
Signature of Parent or Legal Guardian (date)

\_\_\_\_\_  
Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)