

**Registration Form**  
**Douglas County 4-H Ranch Riding Clinic**  
**Saturday, July 7, 2018**  
**Douglas County Fairgrounds, Castle Rock**

**Clinician: Diana Quintana**

**There will also be the opportunity to go through a mock trail course for scoring**

**\$25 fee per rider**

**Limit 30 riders**

**Riders must be a currently enrolled 4-H member, preference will be given to  
Douglas County 4-H youth**

Forms and Fees must be **RECEIVED** (not postmarked) by **June 25 with payment** to  
Douglas County Extension Office 410 Fairgrounds Road, Castle Rock, CO 80104

Make checks payable to: *DC Horse Steering Committee*.

**All riders must have passed *at a minimum* their written and riding Level 1 test before clinic**

**Rider Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

County enrolled in 4-H \_\_\_\_\_ E-Mail \_\_\_\_\_

**Riding Experience:**

Current 4-H Riding Level: (circle one in each category that applies to you)

Western Level I WRH Level I English Level I

Western Level II WRH Level II English Level II

Western Level III WRH Level III English Level III

Western Level IV WRH Level IV English Level IV

How many years have you been riding? \_\_\_\_\_

**Horse Information:**

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

(circle one)    Gelding    Mare    **Stallions are not permitted**

Horse color: \_\_\_\_\_ Breed: \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

## **Colorado State University Extension Hold Harmless Release**

In consideration of allowing my child, \_\_\_\_\_,  
*(child's legal name)*

to participate in **4-H Ranch Riding Clinic**, I assume all risks in  
*(activity)*

connection with the activities involved and agree to release **Douglas County**, Colorado State University, Extension, and their employees, from any injury or damage which may befall \_\_\_\_\_ while he/she is participating in said

*(child's legal name)*

activities whether foreseen or unseen. I hereby release the above-named county, Colorado State University, Extension, and their employees, from any and all action, causes of action, claims, damages, cost, expenses, compensation, personal loss or any other loss or injury received or incurred by

\_\_\_\_\_ during his/her participation in the

*(child's legal name)*

**4-H Ranch Riding Clinic** on **July 7, 2018**.  
*(activity)* *(date)*

I agree to hold all listed parties harmless from any claim by me or my family estate, heirs, or assigns arising out of \_\_\_\_\_ participation in these  
*(child's legal name)* activities.

I have read the contents of this affirmation and understand its contents. I understand that with any activity there is a potential for injury or damages to participants.

\_\_\_\_\_  
(Must be signed by parent or guardian)

Date: \_\_\_\_\_