

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: _____