

# WASHINGTON STATE 4-H NO-FAULT FORM

## PARENT CONSENT AND RELEASE FORM

### ***PARTICIPANT:***

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State Zip Code

**Telephone:** \_\_\_\_\_

**4-H Club or Group:** \_\_\_\_\_

*As parent/legal guardian of the above individual, I permit the individual to participate in 4-H sponsored activities. I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors, and administrators may have or accrue against Washington State Cooperative Extension, their representatives, agents and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities during the time periods of:*

***The current 4-H year*** \_\_\_\_\_

*I also approve of emergency care for the above individual, under the direction of the event leader or consulting doctor, even if I cannot be contacted.*

*I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City County Zip Code

**Telephone:** \_\_\_\_\_

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

Also to be turned in is the back page of the Skagit County Horse Project handbook. **GUARDIAN/MEMBER PROJECT EXPECTATIONS AGREEMENT** . Due first Monday in may with BLUE form.

Superintendent USE : Entry Number \_\_\_\_\_ Division \_\_\_\_\_

Club NAME \_\_\_\_\_

SKAGIT COUNTY FAIR 4-H 20 \_\_\_\_\_

# HORSE ENTRY FORM **BLUE FORM**

**FILL OUT FORM COMPLETELY**  
**DUE: First Monday of May 4PM AT**  
**Extension 4-H OFFICE**

*Use a separate form for each project horse.*

**Please Print:**

Rider's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent PHONE # \_\_\_\_\_ School grade (as of OCT 1) \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Is this a BACK-UP horse? \_\_\_\_\_

Leader's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Leader's Signature: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Circle Age Division:** age as of the beginning of current 4-H year, Oct 1,

*Junior 8-10 yr old*

*Intermediate 11-13 yr old*

*Senior 14-18 yr old*

**NOVICE? Can be any age group; first year**

**in 4-H Horse Project or at Leaders discretion**

**YES / NO**

**Circle One Premium Division:**

Performance

Games

Driving

**FIRMLY ATTACH HORSE PHOTO HERE to fit space.**

Horse Identification photo, no saddle, show markings

**NOTE:** Picture must be **securely** attached when turned in, or your entry will be considered a substitute horse.

**NO EXCEPTIONS TO THIS RULE!!!!**

**FILL OUT FORM COMPLETELY/ DUE: First Monday of MAY AT 4-H OFFICE**