

**ENTRY FORM**  
**2017 AREA 4-H HORSE SHOW**

COUNTY \_\_\_\_\_ CONTESTANT'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE (as of September 1, 2016) \_\_\_\_\_

**AGE DIVISION Please circle one:**

- Junior Division (Age 8-10 as of September 1, 2016)
- Intermediate Competing in Junior Division (Age 11-13 as of September 1, 2016)
- Intermediate Competing in Senior Division (Age 11-13 as of September 1, 2016)
- Senior Division (14 & up as of September 1, 2016)

HORSE'S NAME \_\_\_\_\_ HORSE'S AGE \_\_\_\_\_ PONY HT. \_\_\_\_\_

- ENTRY FEE OF \$60.00 MUST ACCOMPANY THIS ENTRY FORM.
- Make check payable to: \_\_\_\_\_
- Statement on reverse side must be signed.
- Maximum number of classes contestant may enter is 5.
- If entering 5 classes, one MUST be showmanship; otherwise the maximum number of classes is 4.
- Contestant may enter only one halter class and one showmanship class.
- Intermediate age 4-Hers (11-13 as of September 1, 2016) will designate at Area registration if they will compete as a Junior or as a Senior.

Before you fill out the Entry Form, consult the OFFICIAL RULES if you have any questions about the requirements or procedures for any class. For Jr./Int. and Sr. classes, the contestant's age is as of September 1, 2016. Each contestant should enter the proper class according to age of contestant, age of horse, and height of horse. **Intermediate age 4-Hers (11-13 as of September 1, 2016) will designate at Area registration if they will compete as a Junior or as a Senior.** That division designation will carry through the Area and State shows. If they show as a Senior at Area and qualify for the State show, they will show in the Senior division at State with the potential to qualify for regionals. If they show as a Junior at Area and qualify for the State show, they will show in the Junior division at State and will be ineligible for regionals. Intermediates must enter classes in one division or the other. (i.e. They cannot enter Jr. Showmanship and Sr. Western Pleasure).

**Ponies should have height verified by a knowledgeable person.** Ponies will be measured on show grounds by show committee or delegate on day of show. No class changes will be allowed except in instances where height requirements or limitations are not met. County agents should check and verify the correctness of entries before signing.

The show will be held on the date scheduled barring a natural catastrophe. It is the responsibility of the exhibitors' parents or guardians to determine if they are able to compete safely. In case of inclement weather, all contestants should realize that the conditions and facilities are the best available as determined by the show management and must accept these conditions and show accordingly.

SHOWMANSHIP	CLASS
CLASS - NAME _____	NUMBER _____
CLASS - NAME _____	CLASS
CLASS - NAME _____	NUMBER _____
CLASS - NAME _____	CLASS
CLASS - NAME _____	NUMBER _____
CLASS - NAME _____	CLASS
CLASS - NAME _____	NUMBER _____
<b>IMPORTANT--COMPLETE REVERSE SIDE</b>	

STATEMENT OF UNDERSTANDING

In consideration of \_\_\_\_\_ having been accepted by the  
(Name of 4-H Member)

Cooperative Extension Service to attend a 4-H activity, I hereby hold harmless and release the host facility, Florida 4-H Club Foundation, Florida Cooperative Extension Service, its employees and the volunteer 4-H leader(s) from any financial responsibility for any and all injuries, including death. I also give my permission for him/her to be treated in case of medical emergency while attending a 4-H event. To insure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expense considered necessary and I agree to pay for same, if this is not covered by an accident and sickness insurance policy.

The Florida 4-H Programs and IFAS provide knowledgeable staff who are concerned with the 4-H'ers safety and well being. I know and understand that horses can be unpredictable, especially when frightened, injured or exposed to something new and that they can rear, kick, throw, bite, and cause other injuries. I understand the necessity for safety practices and rules to do everything reasonable to prevent injury to child or horse and that insurance is available to me to cover reasonable costs of injury. I understand that in spite of all that is done to provide for well-being, there is always a certain risk involved in participation. I UNDERSTAND THAT UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I further agree to assume responsibility for damage or injury to the child, his/her horse or equipment or that caused by the child or horse while participating in the Program. I, also, give consent for my son/daughter to be under the disciplinary control of the official chaperons(s) designated by Florida Cooperative Extension Service. I have read the above and understand the risks involved.

SIGNED BY: \_\_\_\_\_  
Parent/Guardian Print name (Parent/Guardian)

ADDRESS Street Telephone No.

City Zip Code

CONTESTANT: This is my completed form for participation in the Area 4-H Horse Show of the State of Florida. I will conduct myself in a sportsmanlike manner, abide by the Florida 4-H Code of Conduct and the rules of the show, and accept the decision of the judges as final. I have carefully checked the name and number of classes entered and upon arrival at check-in at the Area show will review my entries to assure that I am in the proper division. I understand classes may be deleted, but no classes may be added, and no class changes will be allowed.

\_\_\_\_\_  
SIGNED: Contestant

COUNTY AGENT AND LEADER: I have read the official rules of the Florida State Horse Shows and hereby certify to the eligibility of the above named contestant to age, eligibility of horse and completion of requirements for competition. I have reviewed the classes entered, and it is my belief that these classes are correct as relates to age and ability.

SIGNED \_\_\_\_\_  
County Agent

SIGNED \_\_\_\_\_  
Leader (if no leader so indicate)

SPECIAL NOTE ON INSURANCE COVERAGE: Individuals participating in Area and State 4-H Horse Show will be covered by insurance. The benefit limits will be as follows: Accident coverage \$2500; Dental (repair to sound natural teeth only) \$350; Loss of life \$2000; Illness \$1000.