Horse Member Election to Not Wear Helmet Release and Assumption of Risk

(Montana State University Extension 4-H permission, release & assumption of risk for participation in the Judith Basin County 4-H Horse program while riding without a helmet)

Participant Name	
Date of birth	
Club	4-H year
helmet. I and/or my parent(s)/legal guardian(s participate in the Montana State University Ex	lowed to participate in the horse program while not wearing a s) object to the 4-H requirement to wear a helmet in order to stension Service 4-H Horse program. I agree that I will abide by lations. I further agree that I will abide by all the directions and manual, and/or specified by the 4-H leader(s).
Participant Signature	Date
to have my/our child abide by the directions at the Montana State University Extension Service are involved and consent to have my/our child p fully aware that there can be dangerous activity handling of horses, and participation in 4-H act	nts(s) and legal guardian(s) of the above named child, I/we agree and requirements specified in the project manual(s) provided for once 4-H Program. I/we understand the program and activities that participate in this program without wearing a helmet. I/we are ries and there are many risks inherent with, but not limited to, the rivities. These risks are increased with the absence of a helmet. able for every 4-H Horse program participant at a reduced or no
	State University and MSU Extension 4-H provide limited ild while participating in group 4-H activities, if election is made to
wear a helmet, I/we hereby assume all the risk to hold The State of Montana, Montana State agents, representatives, volunteers and/or any activities upon his/her property harmless from demands of any kind and nature whatsoever wh MSU Extension 4-H program. The terms here	ed to participate in the 4-H program without being required to as associated with participation and necessary travel. I/we agree University Extension 4-H, its trustees, officers, employees, property or arena owner allowing Extension 4-H program any and all liability, actions, causes of action, debts, claims, or sich may arise in connection with my/our child's participation in the of shall serve as a release and assumption of risk for administrators(s), assignees, and for all members of my/our
	ead the foregoing release, consent, and assumption of risk & sign my/our own free will and accord. I/we also certify that I/we are consent and assumption of risk.
Name of parent/legal guardian:	(please print)
Signature	Date
Name of parent/legal guardian:	(please print)
Signature	Date