Michigan 4-H Proud Equestrians Program
Parent/Guardian-Adult Rider Informed Consent and Release of Liability Agreement

This form is valid for a period of one year from the date signed.

No individual can be accepted for riding instruction in the Michigan 4-H Proud Equestrians Program until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/we assume the risks and accept the consequences involved in the participation of:

________________________________________________________________________________,

Rider’s Name

in the Michigan 4-H Proud Equestrians Program,

________________________________________________________________________________,

Program Name

________________________________________________________________________________

County

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program for advice in circumstances where safe practices are in doubt.

I/we hereby release Michigan State University and Michigan 4-H Proud Equestrians Program, including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass “gross negligence.”

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: ___________________________ Date: ___________________________

Parent(s) / Guardian / Adult Rider (circle appropriate title)

Witness: ___________________________ Time: ___________________________