

RELEASE FOR YOUTH PARTICIPATION

Date _____, 20____

(Name) _____ (Address)

_____, has been accepted by Cooperative Extension Association of Delaware County, 4-H Program to take part in the following 4-H Horse Events:

May Clinic; July State Fair Qualifying Show; and Delaware County Fair

The principal adults in charge of Delaware County 4-H youth participants in this activity is (are): _____

I, _____,
(Signature of Participant)

participation as may be established for the above activity.

I, _____,
(Signature of Parent or Guardian)

above to take part in this activity. Further, in case this is an activity requiring overnight accommodations or out-of-county travel, I agree to pick up child or provide transportation home in the event it becomes necessary. In case of emergency, I can be reached by phone at _____ or by contacting:

(List Telephone Number and/or Any Other Particulars)

In case I cannot be reached through either of the contacts listed, I hereby authorize the adult chaperone(s) listed above to take action deemed necessary in my best interest for the welfare of my child.

Signed _____ Date _____

(One copy of this release, completely filled out and signed, must be turned into the 4-H office by the participant prior to taking part in the above activity.)

Are there any particular medical problems we should be aware of? ___ Yes ___ No

What? _____
