

PLACER COUNTY 4-H
“ALL COUNTIES” QUALIFYING HORSE SHOW
May 12, 2018
Triple Crown Equestrian Center
3033 Gladding Rd, Lincoln, California 95648

RULES & INFORMATION

1. Entries must be received by the Placer County 4-H office by **May 9, 2018**.
2. All paperwork must be completed for entry.
 - 4-H Youth Medical Release Form
 - Entry Form
 - Financial Payment
 - Out of County release form

****You will also need to fill out the release for Triple Crown Equestrian and bring a \$10.00 Facility use fee at the time of check in. We can not release rider numbers without this.

3. All riders must wear ASTM/SEI approved helmet when riding, including Western classes.

ATTIRE:

4-H uniform is appropriate for all events. Either white pants or blue jeans can be worn.

Showmanship: 4-H uniform must be worn. 4-H hat, white or off white western hat, or helmet are approved.

English Attire: Hunt or Saddle seat coat, shirt, breeches, belt, and boots (min. 1/2” heel)

Western Attire: Long-sleeved western shirt, pants or jeans, belt, and boots (min. 1/2” heel), (chaps allowed)

*** Silver and/or professional show clothes will not count over good, working equipment

4. Novice classes are defined as walk/jog or walk/trot only. Novice classes are for riders who are in their 1st or 2nd year of showing, and/or are 9 or 10 years old. Novice riders cannot compete in any other division.
5. Green Horse: **New in 2018, this is a walk/trot/canter class.** Based on the horse, first and second calendar year of showing in any discipline ridden by experienced 4-Hmembers. Once having shown at State Classic they are no longer eligible for this division.
6. Patterns will be posted on the Placer County 4-H Horse website at least 1 week prior to the horseshow and at least one hour prior to the beginning of the horse show.
7. At the discrepancy of the judge, classes will be split at 16 entries, but will be awarded as one class.
8. Ribbons placed 1st-6th.
9. 1st-3rd places qualify for CA 4-H Classic Horse Show
10. Show management reserves the right to disqualify exhibitors and/or horses from competition for inhumane treatment, lameness/illness, unsafe practices, unsportsmanlike conduct, and refusal to follow show rules.
10. Any inhumane treatment, unsportsmanlike conduct, unsafe practices will not be tolerated and exhibitors, parents, and/or 4-H leaders will be asked to leave the premises if such behavior is observed.
12. Show management and/or judge’s discretion shall prevail.
13. Returned checks are not considered payment and are subject to a \$10 returned check fee.
14. ALL OTHER RULES CAN BE FOUND IN THE “PLACER COUNTY 4-H HORSE HANDBOOK”

Questions?

Contact: Tammi Clader
Cell: (530) 368-6657
Tammiclader@gmail.com

PLACER COUNTY 4-H "ALL COUNTIES" QUALIFYING HORSE SHOW

May 12, 2018

Triple Crown Equestrian Center

3033 Gladding RD, Lincoln, California 95648



Class List:

*** First Class will start promptly at 8:00a.m.***

- | | | | |
|----|--|----|--|
| 1 | Hunter Hack (ground poles)-Novice | 36 | Western Equitation- Novice |
| 2 | Hunter Hack (ground poles)-Green Horse | 37 | Western Equitation- Green Horse |
| 3 | Hunter Hack (2'-2'3")- Short/Long Stirrup | 38 | Western Equitation- Pony |
| 4 | Equitation Over Fences (2'-2'3")- Short/Long Stirrup | 39 | Western Equitation- Junior |
| 5 | Working Hunters (2'-2'3")-Short/Long Stirrup | 40 | Western Equitation- Senior |
| 6 | Jumpers (2'-2'3")- Short/Long Stirrup | 41 | Western Pleasure- Novice |
| 7 | Hunter Hack (2'3"-2'6")- Low Hunters | 42 | Western Pleasure- Green Horse |
| 8 | Equitation Over Fences (2'3"-2'6")- Low Hunters | 43 | Western Pleasure- Pony |
| 9 | Working Hunters (2'3"-2'6")- Low Hunters | 44 | Western Pleasure- Junior |
| 10 | Jumpers (2'3"-2'6")- Low Hunters | 45 | Western Pleasure- Senior |
| 11 | Hunter Hack (2'6"-2'9")- Children's Hunters | 46 | Western Horsemanship- Novice |
| 12 | Equitation Over Fences (2'6"-2'9")- Children Hunters | 47 | Western Horsemanship- Green Horse |
| 13 | Working Hunters (2'6"-2'9")- Children's Hunters | 48 | Western Horsemanship- Pony |
| 14 | Jumpers (2'6"-2'9")- Children's Hunters | 49 | Western Horsemanship- Junior |
| | *** 5 minute break to clear arena *** | 50 | Western Horsemanship- Senior |
| 15 | English Equitation- Novice | | *** Trail open card ***** |
| 16 | English Equitation-Green Horse | 52 | Trail- Novice |
| 17 | English Equitation- Pony | 53 | Trail- Green Horse |
| 18 | English Equitation- Junior | 54 | Trail- Pony |
| 19 | English Equitation- Senior | 55 | Trail- Junior |
| 20 | English Horsemanship- Novice | 56 | Trail- Senior |
| 21 | English Horsemanship- Green Horse | | *** 10 minute break to clear/set courses *** |
| 22 | English Horsemanship- Pony | 57 | Pole Bending- Pony |
| 23 | English Horsemanship- Junior | 58 | Pole Bending- Junior |
| 24 | English Horsemanship- Senior | 59 | Pole Bending- Senior |
| 25 | English Pleasure- Novice | 60 | Single Stake- Pony |
| 26 | English Pleasure- Green Horse | 61 | Single Stake- Junior |
| 27 | English Pleasure- Pony | 62 | Single Stake- Senior |
| 28 | English Pleasure- Junior | 63 | Speed Barrels- Pony |
| 29 | English Pleasure- Senior | 64 | Speed Barrels- Junior |
| | *** 10 minute break to change *** | 65 | Speed Barrels- Senior |
| 31 | Showmanship- Novice | 66 | Cloverleaf Barrels- Pony |
| 32 | Showmanship- Green Horse | 67 | Cloverleaf Barrels- Junior |
| 33 | Showmanship- Pony | 68 | Cloverleaf Barrels- Senior |
| 34 | Showmanship- Junior | 69 | Bi-rangle- Pony |
| 35 | Showmanship- Senior | 70 | Bi-rangle- Junior |
| | | 71 | Bi-rangle- Senior |
| | | 72 | Quad-rangle- Pony |
| | | 73 | Quad-rangle- Junior |
| | | 74 | Quad-rangle- Senior |

Placer County 4H All Counties Qualifying Horse Show

Mail entries to: Placer County 4-H UCCE Office
11477 E Avenue, Auburn CA 95603

One entry form
per horse/
exhibitor.

ASSIGNED BY
SHOW OFFICE
#

DIVISION: (PLEASE CIRCLE)									
NOVICE OPEN Walk/jog GREEN PONY JUNIOR SENIOR									
NAME OF HORSE						YEAR FOALED		CIRCLE SEX	
								M	G
NAME OF EXHIBITOR				MAILING ADDRESS					
CITY				COUNTY				ZIP CODE	
EXHIBITOR PHONE # (xxx) xxx-xxxx			EXHIBITOR E-MAIL ADDRESS						
4-H CLUB				4-H LEADER'S NAME					
EXHIBITOR INFORMATION		CLASSES ENTERED (enter class numbers in boxes)							
Date of Birth									
Year in 4-H Horse									
Showmanship English Western Circle one								ENTRY DEADLINE	
ENTRIES MUST BE RECEIVED BY ENTRY DEADLINE								May 2, 2018	
<u>Post-entries are subject to a \$20 post-entry fee.</u>								May 9, 2018	

<p>CALCULATING YOUR FEES Place the number of classes in the appropriate box and multiply by the amount to get the class total. Add in administration fee. If you wish to make a donation, please write the amount in the box. Sum all line items for your Total Amount Due. Make checks payable to: PLACER COUNTY 4-H</p>			=	
	ENTRY FEE, # of Classes	X \$4.99	=	
	Post Entry fee if applicable	X \$20.00	=	
	Donation to Placer County 4-H Horse	Optional	=	
	TOTAL AMOUNT DUE			

I do hereby consent that I have read all the rules pertaining to this event and agree to be bound by those rules.

x
Member signature / DATE

x
Parent Signature / DATE

x
Leader's Signature / DATE



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2017** to **December 31, 2018**

PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other Phone:

Cell Phone:

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name:

Home/Work/Other Phone:

Relationship:

Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name

Last Name

County

/

Date of Birth

Date of last Tetanus Vaccination:

Not Sure

None

Please check over-the-counter medications that may be administered:

Tylenol Ibuprofen Cough Syrup Decongestant Dramamine Antacid Polysporin

Hydrocortisone Benadryl Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name (Please Print)

Age (if minor)

County Club/Unit

Waiver: In return for being permitted to participate in *California 4-H Youth Development Activities and Projects*, including associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, my heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of the University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in *California 4-H Youth Development Activities and Projects*.

Assumption of Risks: Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising out of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the courts of the State of California.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor or Participant

Date

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.

Triple Crown Equestrian Center, Inc.

VOLUNTARY RELEASE AND INDEMNITY AGREEMENT

- Voluntary Participation. I, (Participant's name, and Parent/Guardian's name, if applicable) _____, acknowledge that I have voluntarily applied to participate in horseback riding and training (which shall also include from time to time, handling, grooming, jumping, and other activities "horseback riding") offered by Triple Crown Equestrian Center, Inc.
- Assumption of Risk. I UNDERSTAND THAT HORSES/PONIES ARE UNPREDICTABLE AND DANGEROUS, THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY, AND THAT THERE IS INHERENT DANGER TO ME, MY HORSE, AND MY EQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AREA WHERE THE HORSEBACK RIDING WILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

(Participant, Parent, or Legal Guardian's initials) _____
- Protective Headgear Assumption of Risk: I understand and agree that I, for myself, and on behalf of my child and/or legal ward, have been advised that Triple Crown Equestrian Center, Inc. makes it mandatory that all horse handlers and riders wear protective headgear while riding and being near horses, and I do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearers death from happening as the result of a fall and other occurrences. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

(Participant, Parent, or Legal Guardian's initials) _____
- No Representations or Warranties. I acknowledge that Triple Crown Equestrian Center, Inc., nor any of their affiliates, employees, principals, or agents has made, or is making, any representations, warranties, or guarantees with respect to any training provided to me. I thereby waive all remedies, warranties, guaranties, or liabilities, express or implied, with respect to any training provided to me, arising by law or otherwise.
- Release, Discharge, and Covenant Not to Sue. As consideration for being permitted by Triple Crown Equestrian Center, Inc., to participate in these activities, I, on behalf of myself and my heirs, executors, administrators, and assigns, hereby release Triple Crown Equestrian Center, Inc., their affiliates, employees, principals and agents, and any owners or provider of facilities at which or with which such training is conducted (all referred to as "releasees") from any and all actions, claims, demands, and liability now or at any time hereafter arising out of my participation in horseback riding or training and/or an horseback related activity, including the use of equestrian equipment. I hereby agree that I, my heirs, executors, administrators, and assigns, will not make a claim against, sue, or attach the property of any of the releasees for any injury, death, damages, or property damage (including any injury to my horse) resulting from or arising out of any acts or omissions of releasees, including without limitation any negligence, of releasees.
- Indemnity Agreement. I further agree that I will defend, indemnify, and hold harmless Triple Crown Equestrian Center, Inc., and their respective affiliates, employees, principals, and agents, against all actions, claims, demands, and liabilities (including court costs and attorney's fees) related to any injury, death, damages, or property damage resulting from or arising out of my participation in horseback riding and/or training.

(Participant, Parent, or Legal Guardian's initials) _____

I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN THE HORSEBACK RIDING AND TRAINING. I HAVE EXECUTED THIS RELEASE VOLUNTARILY, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Executed in California, on _____, 20__

Name: _____

Address: _____

Email: _____

Phone: _____

(Signature of Participant, Parent or Legal Guardian)

PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENT OR LEGAL GUARDIAN:

I, _____, am the parent or legal guardian of _____. I confirm that I have read the foregoing Voluntary Release and Indemnity Agreement and understand its contents. I understand that it is a release of all claims. I assume all risks related to my child's participation in the horseback riding and training. I expressly agree that the terms and conditions of the Voluntary Release and Indemnity Agreement shall apply to and be binding upon me and my child in all respects insofar as it pertains to his or her participation and _____ to any injury, death, damages, or property damage my child or his or her horse may sustain or cause as a result of such participation. I hereby authorize Triple Crown Equestrian Center, Inc., and their employees, principals, and agents to initiate emergency first aid treatment for my child in the event of an accident. I also hereby authorize any and all necessary emergency medical treatment by professional medical personnel in such event. I warrant that I have health an accident insurance covering my child.

Executed in California, on _____, 20__

(Signature of Parent or Legal Guardian)