

### Stutsman County 4-H Horse Clinic Registration Form Due May 15th

**Clinic Date: Friday, May 30 - June 1, 2025**

**Total Cost: \$150/rider (includes registration, stall for one horse, and meals - supper, breakfast & lunch)**

**Clinicians: Jacob Anderson(Horsemanship) and Courtney VanDyke(Gaming)**

**Location: Stutsman County Fairgrounds - Jamestown, ND**

**Youth:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Youth:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Youth:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Contact Information:**

**Parent:** \_\_\_\_\_

**Phone and Email:** \_\_\_\_\_

**Do you need a camping spot? (\$30 per night) Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Registration due May 15th.** Please send registration form and payment to:

Stutsman County 4-H  
Attn: Angela Rost  
502 10th Ave SE  
Jamestown, ND 58401

Questions: Candy Hoggarth-Baldwin, Horse Committee Chair at (701) 320-5239  
Angela Rost, Stutsman County 4-H Assistant at (701) 252-9030

18 U.S.C. 707

# Waiver Form

**This form can be used for more than one child - please list all names of attendees**

**PRINT CHILD'S NAME(S):** \_\_\_\_\_

**COURSE/ACTIVITY DATE(S):** May 30 - June 1, 2025

**COURSE/ACTIVITY TITLE:** Stutsman County 4-H Horse Clinic

## Assumption of Risk and Release Statement

I hereby release, waive, discharge and covenant not to sue North Dakota State University, its officers, agents, employees, and North Dakota 4-H all of which hereinafter known as "NDSU" from all liability to the undersigned. In consideration of being permitted to participate in North Dakota 4-H, the undersigned in full recognition and appreciation of the dangers and hazards inherent in the above activity, does hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hold harmless, release and forever discharge NDSU from and against any and all liability, damages, claims, demands, actions, or causes of actions, on account of damage to personal property or personal injury or death which may result from my participation therein whether caused by the negligence of NDSU or otherwise. The undersigned hereby assumes full responsibility for, and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of NDSU or while participating in the above described event.

## Media Release

I give permission to NDSU Extension to use my image for educational purposes, either on their website, or in a video or print publication. I understand that my image will be used to help illustrate and explain programs and activities that are part of North Dakota Extension Service and the Center for 4-H Youth Development.

I do \_\_\_\_\_ I do not \_\_\_\_\_

It is the policy of NDSU Extension to NOT use names or otherwise identify any of the subjects in any photo used unless that information is pertinent to the text (for example, the subject is an award winner, scholarship recipient, etc.).

## Medical Form

I (parent/guardian), \_\_\_\_\_,

understand that the 4-H'ers will be supervised and that, if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accidental injury or illness. I further understand that, in case of a medical emergency, I will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this Health Form and do solemnly swear or affirm that the information set forth in this Health Form is true and correct to the best of my knowledge and belief.

Any Youth Allergies/Medical Conditions/Etc: \_\_\_\_\_

**SIGNATURE (parent/guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME**

**(parent/guardian):** \_\_\_\_\_