



# MD 4-H Horsemanship Standards Test Prep Clinic – Carroll County



Carroll County Agricultural Center, 700 Agriculture Center, Westminster, MD 21157

Saturday, April 11, 2009, 9 am to 4 pm

## **DESCRIPTION:**

The MD 4-H Horsemanship Standards are designed to help 4-H members progressively develop knowledge of horse care, horse management, and horsemanship skills. The Horsemanship Standards are divided into Knowledge, English Riding, English Riding Jumping, and Western Riding Standards, each containing six levels. The Riding Standards encourage members to become safe, effective and confident riders with a sound knowledge of equipment and tack. The Knowledge Standards develop proper horse handling and husbandry skills. Certain levels may be required for participation in state horse programs and events in the future including the state fair horse show. This clinic will help prepare 4-Hers for the Knowledge Standards testing.

## **FEES:**

Registration for the one-day clinic is \$15.00, which includes lunch. Registrations are due by **Wednesday, April 1, 2009**. Registrations submitted after the due date will be charged an additional \$5. Pre-registration is required. Mail registration materials along with a check payable to "MD 4-H Foundation" to Karen Ellis, CMREC, 11975 Homewood Road, Ellicott City, MD 21042. Registration fees will be refundable if notification is given at least one week in advance of the event.

## **LUNCH:**

Lunch will be provided as part of the registration fee. If you have special dietary needs, please contact the Karen Ellis at 410-531-0534 by **April 1, 2009**.

## **DRESS:**

The sessions will be held in indoor classrooms at the Carroll County Extension Office. Please wear clothes that will keep you comfortable.

## **SPECIAL NEEDS**

If you or your child needs special assistance to participate in the Maryland 4-H Horsemanship Standards Test Prep Clinic, please call Karen Ellis at 410-531-0534 or [kellis1@umd.edu](mailto:kellis1@umd.edu) by **April 1, 2009**.

## **PROGRAM DETAILS**

Registration will begin at 9:00 am, the program will start promptly at 9:45 am and will be over at approximately 4:00 pm. More details about the MD 4-H Horsemanship Standards can be found on the MD 4-H Horse Program website [www.4horse.umd.edu/activities/Horsemanship%20Standards.html](http://www.4horse.umd.edu/activities/Horsemanship%20Standards.html).

## Registrations Due by April 1, 2009

Maryland 4-H Horse Program

11975 Homewood Road

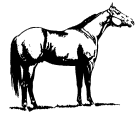
Phone: (410) 531-0534 Fax: (410) 531-2397

*It is the policy of the Maryland Cooperative Extension that no person shall be subjected to discrimination on the grounds of race, color, sex, religion, disability, age or national origin.*





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**Saturday, April 11, 2009**

*(Please complete a separate registration form for each participant)*

**General Information:**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check which track you would like to participate in. Please only select one. (Note: You should participate in the Level that you will be testing for next – For example, if you have passed Knowledge Levels 1 & 2 and will be testing for Knowledge Level 3 next, then you should sign up for the Knowledge Level 3 track.)

- Knowledge Level 1
- Knowledge Level 2
- Knowledge Level 3
- Knowledge Level 4

**Consent Forms:**

All participants (youth and adult) must complete and sign a Liability Release and Consent form and have a copy of a recent MCE Adult and Youth Health form on file in their County MCE office.

**Inquiries:**

Please contact Kristen Wilson, Regional Extension Horse Specialist at 301-596-9478 or [kswilson@umd.edu](mailto:kswilson@umd.edu) if you have general questions.

**Mailing Registration Forms:**

Send checks in the amount of \$15.00 payable to the “MD 4-h Foundation”, registration form, and parental release and informed consent form to:

Karen Ellis  
CMREC  
11975 Homewood Road  
Ellicott City, MD 21042

**\*Registrations must be submitted no later than April 1, 2009\***

**Maryland 4-H Horse Program**

11975 Homewood Road

Phone: (410) 531-0534 Fax: (410) 531-2397

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UNIVERSITY OF MARYLAND  
MARYLAND COOPERATIVE EXTENSION  
**PARENTAL RELEASE AND INFORMED CONSENT FORM**

**PROGRAM:** MD 4-H Horsemanship Standards Test Prep

**DATE(S):** April 11, 2009

My minor child, as listed below, has my permission to fully participate as a representative of the Maryland Cooperative Extension (MCE) Maryland 4-H Youth Development Program in all activities associated with the above named program.

In connection with and consideration of my child's participation in the Program, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity. There is potential for accidents and/or injuries arising from:
  - a. Participating with a horse or related activities associated with this program.
  - b. Transportation by public carrier, vehicle driven by a parent or MCE staff/volunteer.
  - c. Residing in a hotel/motel room or other facility with youth and/or adults of the same gender.
  - d. Use of hotel/motel pool, exercise, and/or other recreational facilities.
  - e. Fire and/or weather-related events, and/or food related activities, and/or other terrorist acts.
2. I understand that my child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release.
3. I represent and warrant that my child has no physical, health related or other problems which would preclude or restrict their participation in the Program or otherwise render their participation dangerous or harmful to them or others. I further represent and warrant that my child has adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that my child must abide by all rules and regulations applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result illness or injury associated with the Program or related activities, I consent to such first aid and/or treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Maryland Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCE or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

\_\_\_\_\_  
Signature of Parent/Guardian Having Care and Custody of Participating Child

\_\_\_\_\_  
Date

Name of Parent/Guardian: \_\_\_\_\_ Emergency Telephone: (\_\_\_\_) \_\_\_\_\_

Participating Child's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_

*The Maryland Cooperative Extension programs are open to all persons regardless of race, color, sex, age, religion, disability or national origin.*