SHEBOYGAN COUNTY 4-H HORSE & PONY PROJECT
PLEDGE AND EMERGENCY RELEASE FORM
All Members Must Complete
DUE AUGUST 1st

1. I have read my Horse & Pony Project Handbook and agree to abide by the stated rules and regulations.
2. I believe that participation in this 4-H project should demonstrate my own knowledge, ability, and skill.
3. I will do my own work to the best of my abilities.
4. I will not use any abusive, illegal, or questionable practices in the care and showing of my horse.
5. I will not allow any other person to engage in abusive, illegal, or questionable practices with my horse.
6. I realize I am responsible for
   - Demonstrating sound moral character as an example to others.
   - The proper care and treatment of my horse.
   - The support of my fellow 4-Hers so we all can achieve.
   - The pursuit of the development of life skills

__________________________________________________                  _____________________________________
4-H MEMBER SIGNATURE      DATE

___________________________________________________           ______________________________________
PARENT OR GUARDIAN SIGNATURE     DATE

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1. I agree to support my child in the pursuit of the above goals.  YES   NO
2. In the event of an emergency, the Horse & Pony Project may seek medical care for my child.  YES   NO
3. I would prefer the following hospital ___________________________________________________________.
   Another hospital may be used if deemed appropriate.

4. My child’s physician is ________________________________________________________________.

5. My child has allergies:    YES      NO
6. If yes please list what allergies: ____________________________________________________________.

6. My child is currently on the following medications______________________________________________.
7. My child has the following conditions_________________________________________________________.
   __________________________________________________________________________________________.

________________________________       ____________________
PARENT OR GUARDIAN SIGNATURE        DATE