



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

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_____.
note: Another hospital may be used if deemed appropriate.
4. My child's physician is _____.
5. My child has allergies: YES NO
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