

Win a Paint Horse Competition

CONSENT TO ENTRY AND RELEASE OF LIABILITY

I am the parent or legal guardian of _____ [print name of minor child] (“my child”). I hereby consent to my child’s entry in the “Win a Paint Horse” competition co-sponsored by the 4-H Youth Development Program of the University of Minnesota and Eagles Ridge Ranch. I understand that if my child is selected as the winner of the weanling horse in the “Win a Paint Horse” competition, I agree to assume full responsibility for the care and maintenance of the weanling horse at my sole cost and expense, along with the risks and rewards associated with owning, maintaining and interacting with the weanling horse. I understand that Eagles Ridge Ranch, the owner of the weanling horse, will transfer ownership of the weanling horse directly to me and/or my child and that the University and 4-H Youth Development Program, including its directors, regents, employees, volunteers and representatives, make no representations or warranties with regard to the horse and will have no responsibility whatsoever for the health or condition of horse.

I knowingly and freely assume all risks, both known and unknown, inherent to owning a horse and I, on behalf of myself, my child, my heirs and next of kin, do hereby expressly forever release, indemnify and hold harmless the Regents of the University of Minnesota, Minnesota Extension Service, the 4-H Youth Development Program, its directors, regents, employees, volunteers, leaders and sponsors (“Releasees”) with respect to any and all injury, disability, death, or loss or damage to person or property arising out of or related to my child’s participation or the selection of my child as the winner in the “Win a Paint Horse” competition, including my child’s use and care for the horse. This promise applies even to claims based on Releasees’ negligence and or gross negligence, to the extent authorized by law.

Signature of parent of child Date

Name of parent (print)_____

Address: _____

City_____ State_____ Zip_____

Phone (H)_____ (C)_____ (W)_____

Email Address_____

Signature of University (4-H Regional Educator, Program Coordinator/Director):

*_____

Signature

Region/County

Date

*Note: signature verifies that the child named above is a 4-H member.

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