

Non 4-H Members and Adult Riders: University of Vermont 4-H Horse Program Equestrian Helmet Rule

1. Effective April 12, 2013, **ALL ADULTS and non-4-H members** participating in any 4-H equestrian activity, regardless of riding seat, shall wear a properly fitted equestrian helmet which carries a current ASTM/SEI approval with secured chin harness properly fastened at all times when mounted on an equine or in a vehicle being pulled by one or more equines.
2. It is the responsibility of the rider or parent/guardian of the minor rider, to see to it that the headgear worn complies with such approved standards and carries the proper seals, and is properly fitted and in good condition. Due to degeneration concerns, equestrian and sport manufacturers recommend replacement every five years. The University of Vermont Extension system, Organizing Committees and Licensed Officials or Leaders are not responsible for checking headgear worn for such compliance. The University of Vermont makes no representation or warranty, expressed or implied, about such headgear and cautions riders that serious injury may result despite wearing headgear, as no helmet can protect against all foreseeable injuries in equestrian activities.
3. At any 4-H equestrian activity, the official activity manager (e.g. show manager, clinic organizer, club leader) may, at his/her discretion, check a participant's equestrian helmet for proper standards. If the participant is found to be wearing an unapproved, defective or improperly fitted helmet, he/she will not be permitted to participate in any mounted or driving activity until proper helmet is acquired.

Assumption of Risk and Release: University of Vermont 4-H Sponsored Horse Show Non 4-H Member/Adult

I have read THE UNIVERSITY OF VERMONT 4-H HORSE PROGRAM EQUESTRIAN HELMET RULE printed above. I understand that equestrian activity involves certain risks of physical injury. I, none the less, wish to participate in the University of Vermont 4-H sponsored horse show. I, as parent/guardian with legal responsibility for this participant, give permission for _____ to participate in the UVM 4-H Program. I understand that participation may involve certain risks of physical activity and that UVM will provide each participant with due care, but that UVM cannot insure that the participant will remain free of injury. I nonetheless wish to have the participant participate in the UVM 4-H Program and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by the participant, or any loss or damage to property owned by the participant, as a result of participating in the UVM 4-H Program. I, for myself, my heirs, assigns and next of kin, agree to: (i) covenant not to sue UVM and its trustees, employees or agents and indemnify and hold harmless UVM, and its trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the participant's participation in the UVM 4-H Program; and (ii) release, waive, and discharge UVM and its trustees, employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by the participant, or to any property or belongings of the participant, while participating in the UVM 4-H Program. This release, however, is not intended to release UVM from causes of action arising out of the sole negligence of UVM, its trustees, employees or agents. UVM reserves the right to dismiss a participant if in their view, the participant poses a significant safety risk to himself/herself and/or others. I have read this Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Name of Exhibitor: _____

(Please Print)

Signature of Exhibitor: _____

(If age 18 or older)

Signature of Parent/Legal Guardian: _____

(If exhibitor is under age 18)

This will be my primary coverage if injuries occur while participating in this event:

Health Insurance Company & Policy Number: _____

Date: _____

Phone Number: _____

RM 2019

2020 Form