



# **BONNER COUNTY TURN 'N' BURN REGISTRATION FORM**

**Thank you for participating in the 2nd annual Bonner County Turn 'N' Burn 4-H Gaming Day! Please complete the below registration. Event starts at 10:00am.**

Name of Participant: \_\_\_\_\_ Name of Horse: \_\_\_\_\_

Phone: \_\_\_\_\_ 4-H Club: \_\_\_\_\_ Age: \_\_\_\_\_

Select the events you wish to participate in below. Each immediate family member receives a discount of \$5.00 after first member pays. Each category entitles you to one run in all 5 gaming events (Figure 8, Keyhole, Half 8, Flag Race and Barrels). Novice Entry can be added for an additional \$10.00 or for \$15.00 if not participating in a specific age group.

	<b>Event Category</b>	<b>Regular Price</b>	<b>Discounted Price</b>	<b>Total</b>
<input type="checkbox"/>	Novice	\$15.00	\$10.00	
<input type="checkbox"/>	Leadline/Walk Trot	\$25.00	\$20.00	
<input type="checkbox"/>	13 and under	\$25.00	\$20.00	
<input type="checkbox"/>	14-18	\$25.00	\$20.00	
<input type="checkbox"/>	19-29	\$25.00	\$20.00	
<input type="checkbox"/>	30 +	\$25.00	\$20.00	
<b>Total Due</b>				<b>\$</b>
<b>Amount Paid</b>				<b>\$</b>
				<input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Check</b>

Make checks payable to: Bonner County Horse Leaders Council

**DON'T FORGET TO COMPLETE BOTH SIDES OF THE ATTACHED RISK & LIABILITY WAIVER**

The University of Idaho is an equal opportunity/affirmative action employer and education organization. We offer our programs to persons regardless of race, color, national origin, gender, religion, age, sexual orientation or disability. Access to our office is readily achievable.

In compliance with the Americans with Disabilities Act of 1990, those requesting reasonable accommodations need to contact the Bonner County Extension Office two days prior to the event at: 208-263-8511.

**University of Idaho**

<b>College / Dept</b>	<b>College:</b>	Agricultural and Life Sciences 4-H	<b>Department:</b>	Extension/4-H	
<b>Activity Name</b>	Turn N Burn Horse Gaming Event	<b>Date:</b>	6/23/18	<b>Location:</b>	Sandpoint, Idaho
<b>Participant's Name</b>	(First)	(Last)	(Age)	[ ] Male	[ ] Female
<b>Address</b>	(Home Address)			(City, State, Zip)	
<b>Phones</b>	(Cell)			(Home)	
<b>Emergency contact(s)</b>	<b>Primary Contact Name:</b>			(Relationship)	
	<b>WORK PHONE:</b>		<b>HOME PHONE:</b>	<b>CELL:</b>	
	<b>Secondary Contact Name:</b>			(Relationship)	
	<b>WORK PHONE:</b>		<b>HOME PHONE:</b>	<b>CELL:</b>	
<p><b>PLEASE NOTE:</b> Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. <b>The participant is responsible for all medical expenses.</b></p>					

**Acknowledgment of Risk and Waiver of Liability**

**Read this** carefully and in its entirety. It is a binding legal document. **Sign and return** this form to UI Bonner Extension/4-H, 4205 N. Boyer, Sandpoint, ID 83864. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Turn N Burn Horse Gaming Event ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury to myself, or my child, up to and including death**, may occur: risks include, but are not limited to, those arising from control and performance of horses that, with or without warning or any apparent cause and regardless of previous training and past performance, could make unpredictable movements, including but not limited to, bucking, kicking, rearing, running, jumping obstacles, stumbling, rolling, falling, biting, pawing, stepping on or moving people or things; physical activities that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited controlling a horse while on the ground or riding, lifting, pulling, stretching, or jumping that could result in bone fractures, muscle strains and sprains, head injuries and heart malfunctions; activities supplemental to the Activity, such as loading and unloading animals from horse trailers, controlling animals while in unfamiliar area and around other animals; use or operation, by me or others with varying skill levels, of animals, and tack, in the condition in which they are found; risks related to transit to or from the Activity locations including, but not limited to, travel by private auto, including travel in unpredictable or extreme weather conditions that affect the method of travel safety; use or operation, by me or others of equipment in the condition in which they are found; exposure to inclement weather including, but not limited to sun, rain, wind, and extremes of heat that could cause injury or illness including but not limited to heat exhaustion or stroke, sunburn, and dehydration; staying overnight ; contact with animals, plants, insects and biological or environmental hazards; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.**

It is my express intent that this Acknowledgment of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. If I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webpages.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK HERE ( ).**

I ( ) do ( ) do not **(please check one)** authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

<b>PARTICIPANT'S SIGNATURE</b>	<b>PARENT / GUARDIAN SIGNATURE</b>
Participant's Name (PLEASE PRINT):	Parent/ Guardian Name (PLEASE PRINT):
Participant's Signature (PLEASE USE BLUE INK):	Parent/ Guardian Signature (PLEASE USE BLUE INK):
X	X
Date:	Date: