

# 2019 Sacramento County Mountain Horse Project June 23rd thru June 29th

4-H Member:

The 2019 Sacramento County Mountain Horse Project will be the week of Sunday, June 23<sup>rd</sup> through Saturday, June 29<sup>th</sup>. The camp will again be at the Stone Cellar Camp located in the Crystal Basin Recreation Area, just south of Loon Lake. The fee this year will be \$195.00 per member if paid before May 15<sup>th</sup>, and then the fee will increase to \$215.00, this includes rent of the camp and all meals. The fee does not cover feed for your horse.

This is an advanced project and provides the opportunity for 4H members who are 12 years and over or have completed the sixth grade, passed the Horse Performance Test (Sacramento County), and are currently enrolled in a horse project, to spend a week riding in the Sierra's with their horse and other 4H'ers from throughout the county. This year we will again pack into the wilderness for an overnight campout.

**This project is limited to the first 24 applicants. The attached application and a check are due by May 31, 2019.** Please make the check payable to: **Sacramento County 4-H Council** and submit to: Shawn Hutchinson, 11535 Badger Hill Court, Wilton, CA 95693.

We will have a mandatory meeting for both Project Members and parents June 6<sup>th</sup> at Shawn's house at 11535 Badger Hill Court Wilton, CA 95693 at 6:30 pm. The purpose of this meeting is to go over the Equipment List, High Line Tying, Introduce Junior/Teen Leaders, and answer any questions about the project.

**\*\*IMPORTANT\*\***

If you are using a horse that you do not own, a **Lease Agreement** must accompany this application along with the **Owners Name and Phone #, Veterinarians Name and Phone #, and a Horse Release Agreement signed by the Owner.**

**The Lease Agreement must indicate that the owner is aware that the horse will be used for Mountain Horse Camp.**

Questions, contact:  
Shawn Hutchinson

(916) 505-8781

[mountainhorsecamp@gmail.com](mailto:mountainhorsecamp@gmail.com)

# 2019 Sacramento County 4-H Mountain Horse Camp Application

4-H Youth  
Member Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

4-H Youth Member Phone Number \_\_\_\_\_ 4-H Youth Member Email Address \_\_\_\_\_

4-H County \_\_\_\_\_ 4-H Club \_\_\_\_\_

4-H Horse Project Leader \_\_\_\_\_ 4-H Horse Project Leader Phone \_\_\_\_\_

# of Years in 4-H Horse Project \_\_\_\_\_ Current School Grade Level \_\_\_\_\_

Veterinarian \_\_\_\_\_ Vet Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Upon signing this application, the 4-H member and parent(s) agree to the following:

- Provide transportation to and from Stone Cellar Camp for the 4-H member and horse
- Complete the 4-H member enrollment process and be in good standing
- Pay the \$195.00 camp registration fee which covers member meals and overnight stay. Does not cover horse feed.
- Attend the mandatory meeting (both member and parent)
- Complete the Participation Approval Form, 4-H Member Health Forms, 4-H Waiver, Stone Cellar Waiver and Horse Information Sheet.

4-H Member Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

4-H Horse Project Leader Signature \_\_\_\_\_

**PAYMENT MUST BE RECEIVED IN ORDER TO CONFIRM YOUR PLACE AT  
4-H MOUNTAIN HORSE CAMP.**

For further information contact: Shawn Hutchinson, (916) 505-8781, [mountainhorsecamp@gmail.com](mailto:mountainhorsecamp@gmail.com)

**Mountain Horse Camp  
Horse Information Sheet**

**Bring to Camp the Day You Arrive!!**

The following information is required for all horses attending the Sacramento County 4-H Mountain Horse Camp. This information will be maintained by the Camp Leaders and will be utilized if needed during the horses stay at camp.

This information sheet must be given to Lucy Janzer when checking in at camp and all current medications must be given to him when arriving at camp. Medications will only be dispensed by an adult and 4-H members will not be allowed to dispense any kind of medications to the horses while at camp.

**Please ensure that all applicable information is completed:**

<b>Name of 4-H Member:</b>		<b>Years at camp:</b>
<b>Name of Horse:</b>		
<b>Breed of Horse:</b>		<b>Age of Horse:</b>
<b>Name of Vet:</b>		<b>Phone #:</b>
<b>Address of Vet:</b>		
<b>List any Medical Conditions or injuries the horse currently has:</b>		
<b>List any Medications the horse is currently taking:</b>		
<u>Name of Medication</u>	<u>Taken for</u>	<u>Dose to be given</u>
<b>Please use this area for any additional information regarding the health of the horse that you would like to supply.</b>		

## MOUNTAIN HORSE PROJECT EQUIPMENT LIST

This list has been compiled to assist you in getting ready for Mountain Horse Project. Please label your equipment for easy identification. Use this as a checklist and bring everything.

### HORSE EQUIPMENT

- 2 halters and lead ropes (10 to 15 feet)
- 2 5-gallon buckets (water and grain)
- Saddle
- Bridle
- Saddle Pad
- Blanket
- Saddle Bags
- Easy Boot
- Breast Collar
- Brushes
- Hoof Pick
- Fly Spray
- Poop Scoop
- Shovel
- Rake
- Feedbag
- Easy boot
- Salt cube
- Electrolytes – Paste (2tubes)
- Probios - Tube
- Tree Savers
- Rope and ring for picket line (50 ft. rope)
- Horse first aid kit (Furizone, vet wrap, etc.)
- Tack repair kit (hole punch, chinstrap, shoe nails, Leather shoelace, Chicago screws, etc.)
- Feed for 6 days, for overnigher add pellets and grain for 2 feedings (gallon zip lock storage bags work great for this sealed with duct tape)

### RIDER EQUIPMENT

- Sleeping bag
- Pillow
- Extra blanket (optional)
- Lots of jeans
- Shirts (long and short sleeve)
- Jackets (light and heavy)
- HELMET (required)**
- Hat or Visor
- BOOTS (required)**
- Tennis Shoes
- Toiletries (soap, shampoo, toothbrush, toothpaste)
- Sunscreen
- Insect repellent
- Bath towel and washcloth
- Beach towels and swim suit
- CANTEEN (very important)**  
**Or large water bottles**
- Pocketknife
- Flashlight
- Fishing equipment (optional)
- Ponchos (rain gear)
- Cup and utensils for overnigher
- Small tarp for overnigher

**There is no electricity at the camp**

**NO RADIOS OR OTHER VALUABLES  
SHOULD BE BROUGHT TO CAMP.**

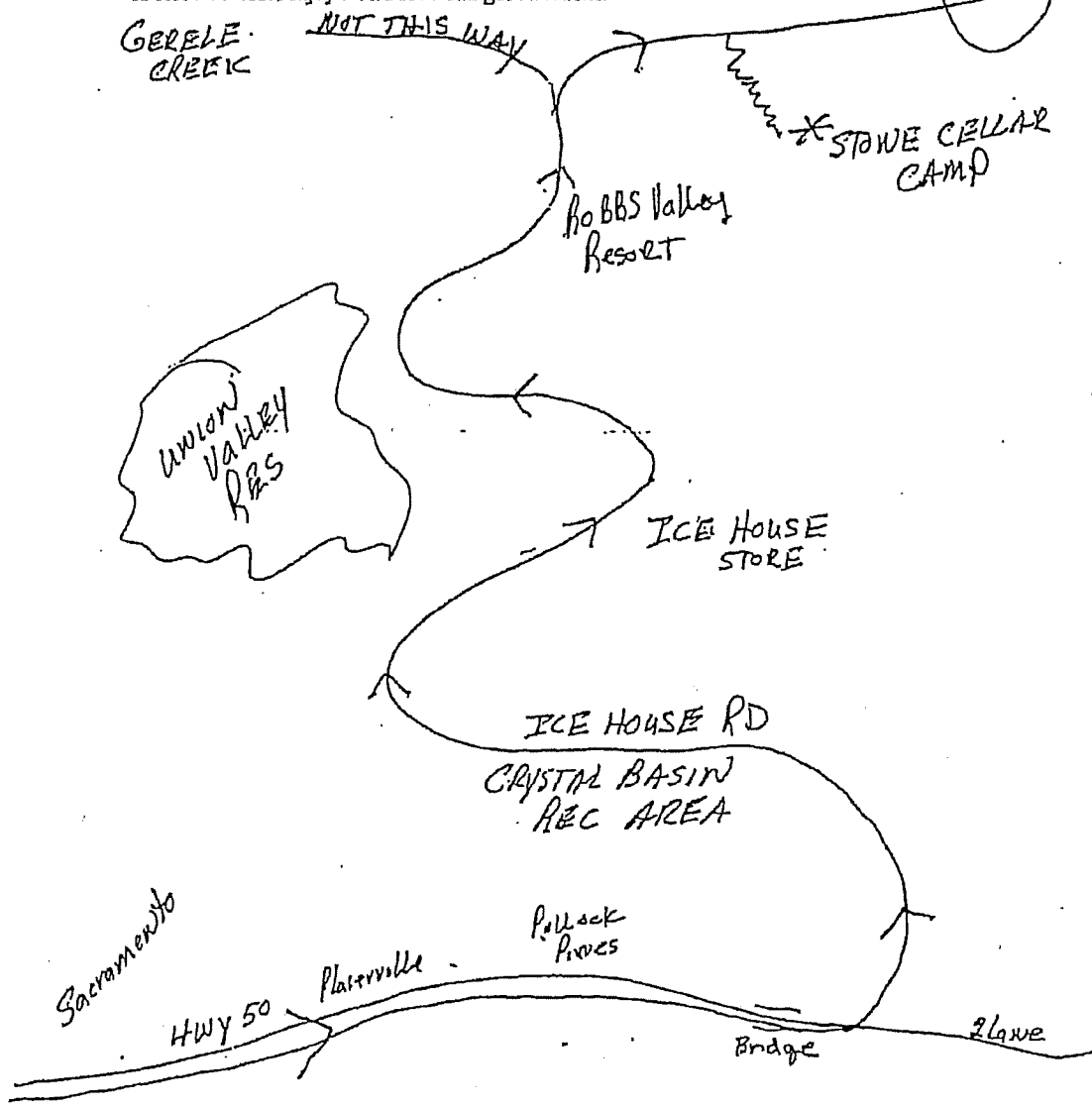
### VERY IMPORTANT

Horses should be shod a minimum of one week or a maximum of three weeks before camp. There is no shoer in camp. **(Bring an old set of your horse's shoes and shoe nails just in case your horse loses one.)**

**MOUNTAIN HORSE PROJECT-DIRECTIONS TO CAMP:**

Take highway 50 east past Pollock Pines to Ice House Road turn off (turn is just before highway becomes 2 lanes), Turn left and follow signs towards Loon Lake. The turn off for Stone Cellar Camp is 25 miles from Hwy 50 and before you get to Loon Lake. Right turn on dirt road that winds for approximately 1 1/2 miles to camp. If you get lost go back to Robb's Resort enjoy a cold soda and get directions.

LOON LAKE



**SACRAMENTO COUNTY 4-H HORSE  
ADVANCED PROJECT  
PARTICIPATION APPROVAL FORM**

Countywide Advanced Project Name \_\_\_\_\_

It is a requirement and also a project expectation that each member in the Countywide Advanced Project listed above be active in his/her own local 4-H Horse Project and Community Club. Therefore, each member participating in the afore-mentioned project must be a member in good standing with his/her own Horse Project, must meet the requirements of the Countywide Advanced Project, and must receive approval from their "home" Project Leader to participate in the Project.

The requirements to join the above Countywide Advanced Project are listed below:

- Completed at least one year of 4-H in the 4-H Horse Program in good standing.
- Be an active member in his/her Local 4-H Horse Project and Community Club.
- Passed the Horse Performance Test.
- \_\_\_\_\_

This form ensures that the potential member named below has received approval from his/her local 4-H Horse Project Leader to participate in the subject Countywide Advanced Project.

**Member's Acknowledgement Statement:**

I, \_\_\_\_\_, understand and acknowledge that as a member of the Countywide Advanced Project listed above, I meet the requirements to participate in the Project and I have received approval from my local Horse Project Leader to participate. Additionally, I understand and acknowledge that it is a requirement and also a project expectation that I am an active member in good standing with my own local 4-H Horse Project and my Community Club. I understand and acknowledge that the above-referenced Countywide Advanced Project has the authority to deny me from participating in the Project if I do not meet the requirements of the Project and/or if I do not receive approval from my local 4-H Horse Project Leader. Furthermore, I understand that the above Countywide Advanced Project has the authority to release me as a member from the Project if I do not continue to meet the expectations of the Project by continuing to be an active member in good standing with my local 4-H Horse Project and Community Club.

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date

**Local 4-H Horse Project Leader's Acknowledgement and Approval Statement:**

I, \_\_\_\_\_, am a Horse Project Leader for \_\_\_\_\_ (Club Name) and I understand and acknowledge that by signing this approval form, I am giving approval for \_\_\_\_\_, a member in my Horse Project to participate in the Countywide Advanced \_\_\_\_\_ Project. As the Horse Project Leader for the member named above, by signing this Approval Form, I understand and acknowledge that he/she meets the requirements to participate in the Countywide Advanced Project indicated and that he/she has my approval to participate. Finally, I understand and acknowledge that he/she must continue to be an active member in good standing with my Horse Project in order to continue to participate in the Countywide Advanced Project and that if at any time he/she becomes inactive and/or falls out of good standing with my Horse Project, I will notify the Countywide Advanced Project Leaders so that appropriate action can be taken.

\_\_\_\_\_  
Horse Project Leader's signature

\_\_\_\_\_  
Date



Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name Last Name

Club/Unit Name

County and State

From: July 1, 2018 to December 31, 2019

PARENT(S)/GUARDIAN(S)

First & Last Name Home/Work/Other Phone: Cell Phone:

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name: Home/Work/Other Phone: Relationship: Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.;

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



# University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

## Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)  
(please attach extra page if more space is needed)

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First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination:

Not Sure

None

Please check over-the-counter medications that may be administered:

Tylenol  Ibuprofen  Cough Syrup  Decongestant  Dramamine  Antacid  Polysporin

Hydrocortisone  Benadryl  Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

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Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

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Please include any additional remarks and special instructions to better assist emergency service personnel.

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Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

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	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

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**UNIVERSITY OF CALIFORNIA  
Agriculture & Natural Resources**

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In return for being permitted to participate in the following activity or program ("The Activity"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

**Description of Activity or Program:** Sacramento County 4-H Mountain Horse Camp

**Date(s):** June 23-29, 2019

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*(If the participant is a minor)*

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE FOR ANY REASON INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF STONE CELLAR HOMESTEAD CAMP, INC. AND THEIR AGENTS ("THE RELEASEES").**

I, \_\_\_\_\_ (hereinafter the "Undersigned" reside at  
(Street) \_\_\_\_\_, (City) \_\_\_\_\_, (State, Zip) \_\_\_\_\_.

In consideration for allowing me (or my minor child) to engage in horse related activities and on behalf of myself, my child or our personal personal representatives, helrs, next-of-kin, spouses, and assigns, THE UNDERSIGNED HEREBY:

1. Acknowledge that a horse or mule may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break - all of which may cause the rider to fall or be jolted resulting in serious injury or death to the Undersigned or any person within close proximity of a horse.
2. **ACKNOWLEDGE THAT HORSEBACK RIDING, THE HANDLING OF A HORSE OR BEING IN CLOSE PROXIMITY TO A HORSE IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH** because of the unpredictable nature and irrational behavior of horses, regardless of their training or past performance.
3. Voluntarily assume the risk and danger of injury or death inherent in the handling or riding of the horse or being in close proximity to a horse or on the premises of the camp or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment and gear provided to me by Releasees.
4. **RELEASE, DISCHARGE, AND PROMISE NOT TO SUE** the Releasees for any loss, damage injury (including death) or cost to me or my child's arising out of the handling or riding of a horse or being in close proximity to a horse or on the premises of the camp or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment, and gear provided by Releasees.
5. **INDEMNIFY, AND SAVE AND HOLD HARMLESS** the Releasees from and against any loss, liability, damage, or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse or being in close proximity to a horse or on the premises of the camp or the failure to wear a protective helmet when riding a horse and/or and use of saddles, bridles, equipment, and gear provided therewith from or contributed to by my or my child's own negligence.
6. Agree to abide by and follow any instructions given or rules established by the Releasees or any of their agents with regard to my or my child's riding or handling of the horse or being in close proximity to a horse or on the premises of the camp or the failure to wear a protective helmet when riding a horse, or use of saddles, bridles, equipment, and gear provided therewith
7. Agrees that the Undersigned has read and understands the following language of Section 1542 of the California Civil Code which provides "A general release does not extend claims which the Creditor does not know or suspect to exist in his favor at the time of executing the release which, if known by him, must have materially affected his settlement with the Debtor" Having reviewed this provision, the Undersigned nevertheless voluntarily releases the Releasees from all liability for claims arising out of the matters set forth herein. The Undersigned understand the word claims" to include all actions, claims, and grievances, whether actual or potential, known, or unknown and specifically but nonexclusively, all claims arising out of the matters et for the herein. All claims are forever barred by this release without regard to whether those claims are based on the alleged breach of duty arising under contract or in tort or any other claims or cause of action.
8. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by laws of the State of California and is intended to be as broad and inclusive as is permitted by California law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
9. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Camp or its owners or agents for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and cost incurred by the Camp in defending such an action.

**IT IS RECOMMENDED THAT I AND ALL RIDERS WEAR A PROTECTIVE HELMET.**

I have read this document. I understand it is a promise not to sue and to release and indemnify Stone Cellar Homestead Camp Inc., its owners, employees, and agents for all claims. I have made a free and deliberate choice to sign the Release and Waiver as a condition to Releasees allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the Release and Waiver of Liability is worth the pleasure of horseback riding experience and acknowledge that the same is valuable consideration for this Release and Waiver of Liability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature