



2025 District IV North Texas 4-H Horse Camp

June 10-12, 2025
North Central Texas College – Gainesville, Texas

Event Description

The North Texas 4-H Horse Camp is a three-day and two-night equine educational event for District IV 4-H members. This is an opportunity for 4-H members of all levels of riding to grow their knowledge base and improve their equine skills. 4-H members will bring their validated horses for riding classes. Members without access to a horse are welcome to attend our “horseless track” to still gain equine-based knowledge that can be applied to the 4-H program. 4-H members will get a unique opportunity to network with like-minded youth and learn from industry professionals. Friday afternoon, campers will be able to participate in a Fun Show.

Bring your own feed and shavings.

Futurity Horses

Futurity horses attending camp will qualify for the Texas State 4-H Horse Show. Members bringing a futurity horse will get 2 stalls with the price of camp. Futurity campers will have a separate class for their futurity horses but may also participate in the general horsemanship classes with an older validated horse. Please specify in registration if you are bringing your futurity horse. If you do not specify, you will only have one stall.

Time

Check-In June 10, 2025	8:00 AM- 10:00 AM
Check-out June 12, 2025	12:00 PM

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Camp Schedule

A complete agenda will be provided at Check-In.

Age Requirement

North Texas 4-H Horse Camp is open to any enrolled Texas 4-H member. (Sorry, no Clover Kids.)

Cost

4-H Youth Rider- \$125

Includes dorm, meals, one stall (2 for futurity), riding classes and workshops

4-H Parent (off campus, no overnight accommodations)- \$50

Includes meals only

Non-rider youth attendee(s) with Parent (off campus, no overnight accommodations)- \$50

Includes meals only

*Parents and non-rider youth do not have to register to stay off campus and get their own meals, but they must check in to get a name badge.

Registration

4-H members and parents planning to stay on campus must register on 4-H Online between May 22, 2025 and May 30, 2025 or until registration is full. **No late registration will be accepted. NO REFUNDS.**

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Release Forms

****All release forms must be signed and submitted to Chad Cummings at chad.cummings@ag.tamu.edu by June 3, 2025, or your registration will be considered incomplete!****

Youth Forms:

- 2024-2025 Texas 4-H Waiver, Indemnification, and Medical Treatment Authorization Form https://texas4-h.tamu.edu/wp-content/uploads/management_form_waiver_24_25.pdf
- North Central Texas College Waiver of Liability and Hold Harmless Agreement
- HSS Health and Safety Statement https://texas4-h.tamu.edu/wp-content/uploads/2020_HSS_Health_Safety_Statement.pdf
- ADA Authorization to Dispense Medication https://texas4-h.tamu.edu/wp-content/uploads/2020_ADM_Authorization_to_Dispense_Medication.pdf
- OTC Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication https://texas4-h.tamu.edu/wp-content/uploads/2020_OTC_Permission_for_OTC_Medication.pdf
- SAP Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication https://texas4-h.tamu.edu/wp-content/uploads/2020_SAP_Permission_for_Self-Administration.pdf

4-H Parent (off campus, no overnight accommodations) and Non-rider youth attendee(s) with Parent (off campus, no overnight accommodations) must complete:

- 2024-2025 Texas 4-H Waiver, Indemnification, and Medical Treatment Authorization Form https://texas4-h.tamu.edu/wp-content/uploads/management_form_waiver_24_25.pdf
- North Central Texas College Waiver of Liability and Hold Harmless Agreement

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T-Shirts

When registering, all participants need to indicate the size of t-shirt preferred.

Dress Code

All dress must follow the 4-H dress code. Short sleeved t-shirts or long-sleeved button up shirts are acceptable. **Closed toe boots with a riding heel are required** at all times when handling or riding a horse, along with long jeans. Tennis shoes are acceptable for workshops and activities when not riding. Your instructor may ask you to go change if you are not dressed appropriately for riding classes. Attire for the horse show will be according to the Texas 4-H Horse Show Rules: https://texas4-h.tamu.edu/wp-content/uploads/horse_show_rules_2024.pdf

Not allowed: Tank tops, spaghetti straps, halter tops, and any clothing that reveals the midriff, or any clothing advertising referencing alcohol, drugs, violence or having a sexual content is prohibited. Any see-through or muscle shirts are not appropriate.

Code of Conduct

4-H members should have completed a “Consequences of Behavior” and “Code of Conduct” form when enrolling in 4-H Online for the 2024-2025 4-H year. These documents will be followed during the North Texas 4-H Horse Camp.

We will not tolerate any abuse to animals. If a camper fails to care for their animal during the camp (i.e. skipping feedings, failing to fill water buckets) the camper may be asked to leave. Likewise, if an instructor or chaperone notices physical abuse of an animal, the camper responsible may be asked to leave.

Emergencies

Contact your County Extension Office to relay a message to Chad Cummings (Grayson County) or Carrie Sharp (Kaufman County) in the event there are additional questions or needs.

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North Texas 4-H Horse Camp Checklist

- ☐ Bedding: Sleeping bag, pillow, blankets, twin sheets...
- ☐ Long Jeans
- ☐ Boots with riding heel
- ☐ T-shirts and/or long sleeve shirts
- ☐ Good boot socks
- ☐ Shampoo, conditioner, body wash
- ☐ Towel
- ☐ Deodorant
- ☐ Toothbrush/paste
- ☐ Medications (Must be on file and turned into the nurse)
- ☐ Sunscreen
- ☐ Cap or hat
- ☐ Tennis shoes or comfortable closed-toe shoes

- ☐ Horse
- ☐ Saddle (Western or English or both)
- ☐ Saddle pads
- ☐ Saddle Rack
- ☐ Bridle with legal bit and split reins (Romal Reins are okay with appropriate bit)
- ☐ Halter with good lead rope
- ☐ Helmet
- ☐ Water bucket
- ☐ Hay and grain
- ☐ Shavings
- ☐ Rake

- ☐ Health Certificate
- ☐ Coggins

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2024-2025 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.
3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can(a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.

7. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

In case of emergency, contact: _____

At the following number: _____

If the participant has medical insurance, please indicate: _____

Insurance Company: _____ **Policy Number:** _____

Name of Primary Policy Holder: _____

Please list any special service your child may require: _____

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

North Central Texas College Equine Program & Camps

Camp Name:	
Camp Dates:	
Name of Camper/Participant:	
Age:	
Address:	
City/State/Zip Code:	
Phone:	

IN CONSIDERATION of receiving permission to participate in the above named program, or any activity associated with the above named program, I, _____ (name), do hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** North Central Texas College, any officers, servants, agents, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, **actions** and causes of action whatsoever **arising** out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in said programs, or while in, or upon any premises where said programs are being conducted.

I am fully aware of the inherent risks and hazards connected with participating in activities with farm animals. I acknowledge that farm animals are unpredictable and potentially dangerous, and have a full understanding of the kinds of occurrences and hazards that may exist during or as part of my activities, including the potential for serious injury or death. I hereby elect to voluntarily participate in said programs, and to enter the above named premises and engage in such activity, knowing that the activity may be hazardous to me or my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, or otherwise.**

I FURTHER HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES, OR OTHERWISE.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be considered in accordance with the laws of the State of Texas.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT, AND SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATION, STATEMENTS, OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE; I AM AT LEAST EIGHTEEN (18) YEARS OF AGE, FULLY COMPETENT, AND I EXECUTE THE RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I give my permission, in the event that my family physician or dentist cannot be reached by phone, for releasees to make appropriate arrangements for emergency care whether it be by a physician or dentist, or medical or dental facility should I become injured or ill while participating in this camp. It is understood that I will assume any financial responsibility for any medical or dental expenses that may be incurred for said emergency or emergencies.

In WITNESS WHEREOF, I have hereunto set my hand and seal on this ____ day of _____, 2025 at Gainesville, Texas.

Witness Signature

Date

Participant Signature (or Parent/Guardian of Minor Child)

Date

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	
Relationship to Camper/Participant:	
Address:	
City/State/Zip Code	
Phone:	
Camper/Participant Allergies:	
Family Doctor:	
Doctor Phone Number and Town:	

Optional Section

In case of an emergency or loss of consciousness by the participant, medical personnel need to be aware of any prescription drugs you are currently taking. This information is strictly confidential.

List any prescription medications you (participant) are currently taking;

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.