

May 12, 2015

TO: 4-H Members & Leaders in the Bexar County Horse Project

SUBJECT: 2015 District 10 4-H Horse Show Information

The District 10 4-H Horse Show is scheduled to be held June 16-17, at the Uvalde County Fairplex , 215 Veterans Ln., Uvalde, Tx. (map enclosed). Included in this packet is "Contestant Information" which includes information about registering for the District Horse Show on 4-H Connect, divisions and classes available, fees, schedule and more.

Please remember that **ALL Horses must have been validated on 4-H Connect by May 1st, 2015.** If you did not validate your horse on 4-H Connect, you will **NOT** be allowed to register for the District or State Horse Shows.

Print the Validation invoice form from 4-H Connect system and keep with you when attending the District and State Horse Shows.

Registration

Each participant must register for the District Horse Show, online via 4-H Connect. **Registration is open from May 4th – 22nd, 2015.** If you don't have access to the internet, you can come by the office and use our computers to register. Entry fee is \$15 for each class (there is no limit to how many classes can be entered). When selecting form of payment, please pay by **credit card**. Print a copy of your registration and take with you to the contest.

Stalls & Shavings

Check in begins at 9:00 a.m. on June 16 until events conclude that evening and will open again at 8:00 a.m. on June 17. Stalls must be totally vacated at the conclusion of the show on June 17. Exhibitor information cards will be required for each stall in use. Exhibitor cards will be provided at registration. Emergency contact number **must** be included on stall card for **any** horse that will remain on the grounds overnight. Stalls will be pre-assigned by the District Office. **DO NOT** call the Uvalde Fairplex to reserve a specific stall! Stalls will be paid for on 4-H Connect **ONLY**. Cost for stalls will be \$20 per stall, per night regardless of number of hours used. Register for stalls through 4-H Connect. Shavings **will NOT** be available for sale. Exhibitors may bring their own. When selecting form of payment, please pay by **credit card**.

Ownership & Regulations

Horse papers must reflect sole ownership by the 4-H member, their parents, brother, sister or guardian on or before May 1st, 2015 and the member must be currently enrolled in 4-H. Exhibitors of registered horses must have registration papers in their possession at the show for review by show officials if requested. Exhibitors of grade horses must have an approved Grade Horse Identification & Certification form in their possession at the show. Exhibitors must have copy of 4-H Member and Project Horses Validation Form in their possession at the show for review by show officials if requested.

Horse Health Requirements

All equine, regardless of origin, entering the District 4-H Horse Show **must have a negative test for EIA (Coggins) conducted within the previous 12 months that is valid through the State Horse Show (July 31, 2015)**. Horses are also required to have had a negative EIA test within the past 12 months if they undergo any change of ownership. The TAHC can show up at any activity and require some or all owners to produce appropriate paperwork. **4-Hers must bring the original copy of the Coggins test for each horse entered with them to check in at the show and receive their packet.**

District Entries (Divisions/Classes)

A total of 27 classes will be offered at the District Show. All are qualifying classes. These classes are divided into 9 Divisions. 4-H members may enter as many of the 27 classes at District as they wish/are eligible to participate in. A 4-Her must show in at least one class in a division to 'qualify' for any/all classes in that specific division at the State Show. If the 4-H'er does not show in a specific division at District, they may not register for that division at State.

Divisions/Classes: Halter Division (1 horse per sex/4-Her)

Registered & Grade 4 year old and younger Geldings
Registered & Grade 5 year old & older Geldings
Champion & Reserve Gelding
Registered & Grade 4 year old and younger Mares
Registered & Grade 5 year old and older Mares
Champion & Reserve Mare

Judged Western Division (1 horse per class/4-Her)

Showmanship
Western Pleasure
Western Horsemanship
Western Riding
Trail

Speed Events Division (1 horse per class/4-Her)

Barrels
Pole Bending
Stakes

Hunter Flat Division (1 horse per class/4-Her)

Hunter Showmanship
Hunter Under Saddle
Hunt Seat Equitation
Hunt Seat Versatility

Yearling Halter Gelding Futurity Division (1 horse/4-Her)

Yearling Halter Filly Futurity Division (1 horse/4-Her)

Yearling Longe Line Futurity Division (1 horse/4-Her)

2 Year Old Futurity Division (1 horse/4-Her)

3 Year Old Futurity Division (1 horse/4-Her)

RV Spaces:

RV Rental will be handled through the District 10 4-H Office. The fee will be \$35 for each RV spot, per night. RV spots are first come, first served. RV spots will be paid for on 4-H Connect. Your assigned RV spot will be given to you upon check-in at the show.

DUE TO OUR OFFICE BY WEDNESDAY, MAY 27TH –

- Copy of current negative Coggins certificate for each horse entered.
Coggins papers must be valid through the District and State Horse Show (July 31, 2015, not just through entry deadline. Dates on Coggins papers must be legible.
- Medical release for each exhibitor (enclosed)

The State Horse Show Rules are posted on the State 4-H website at: <http://animalscience.tamu.edu/wp-content/uploads/sites/14/2012/04/2015-Texas-4-H-Horse-Show-Rules-and-Regulations.pdf>.

If you have further questions about the District or State Horse Show, please contact us at 210/467-6575.

Sincerely,

Roy Flora
County Extension Agent – Ag.
Bexar County

Enclosures:

Contestant Information

District Horse Show Schedule

Emergency Contact and General Information Numbers

Waiver, Indemnification and Medical Treatment Authorization Form

Map to Uvalde County Fairplex

3355 Cherry Ridge Dr. Ste. 212
San Antonio, Texas 78230
Tel. 210/467-6575 Fax 210/930-1753
<http://bexar-tx.tamu.edu>

Educational program of Texas A&M AgriLife Extension are open to all people without regard to race, color, sex, religion, sex, national origin, age, disability, genetic information or veteran status. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating.

Schedule:*****PLEASE NOTE: THE SCHEDULE HAS CHANGED FOR THIS YEAR.*******Tuesday, June 16**

9:00 a.m. Registration opens stalls and RV spaces available; practice arena open
 10:00 a.m. National Anthem

Classes Begin:

- Showmanship at Halter
- Registered & Grade 4 year old and younger Geldings
- Registered & Grade 5 year old and older Geldings
- Grand and Reserve Gelding
- Yearling Halter Gelding Futurity
- Registered & Grade 4 year old and younger Mares
- Registered & Grade 5 year old and older Mares
- Grand and Reserve Mare
- Yearling Halter Filly Futurity
- Yearling Longe Line Futurity

12:00 p.m. Lunch Break (approx.)

1:00 p.m. Approximate Time Schedule

Main Arena

- Hunter Showmanship
- Hunter Under Saddle
- Hunt Seat Equitation
- Hunt Seat Versatility (Arena #2)
- *30 minute Break*
- Western Pleasure
- Western Horsemanship
- Western Riding
- Stock Horse Horsemanship
- Trail (Arena #2)

Wednesday, June 17

10:00 a.m. Registration opens stalls and RV spaces available; practice arena open

11:00 a.m. National Anthem

- Pole Bending
- Barrels
- Stakes
- *30 minute Break*
- 2 Year Old Futurity Pleasure Pattern Class (Phase 1)
- 3 Year Old Futurity Pleasure Pattern Class (Phase 1)
- 2 Year Old Futurity Versatility Class (Phase 2)
- 3 Year Old Futurity Reining Class (Phase 3)
- 2 Year Old Futurity Pleasure Class – Group (Phase 3)
- 3 Year Old Futurity Stock Horse Trail Class (Phase 2)

Contact Numbers for District 10 4-H Horse Show

Veterinary Information

Southwest Texas Veterinary Medical Center (Uvalde)	830-278-3396
Town & Country Animal Hospital (Kerrville)	830-367-5316
Castroville Vet Clinic	830-538-2274
Bandera County Veterinary Clinic	830-589-2406

Emergency Numbers

Uvalde Police Department	830-278-9147
Uvalde County Sheriff's Department	830-278-4111
Uvalde County Fairplex Office	830-591-9040
Medical	911

Motels

Holiday Inn Express 2801 E. Main St., Uvalde, TX 78801	830-278-7300
Hampton Inn 2714 E. Main St., Uvalde, TX 78801	830-278-1300
Quality Inn 920 E. Main St., Uvalde, TX 78801	830-278-4511
Inn of Uvalde 810 E. Main St., Uvalde, TX 78801	830-247-9173
Motel 6 924 E. Main St., Uvalde, TX 78801	830-900-7084

2014-2015 TEXAS 4-H & YOUTH DEVELOPMENT PROGRAM

District 10 4-H Horse Show

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Texas 4-H (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (herein referred to as "sponsor"), I hereby release, waive, discharge, 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, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Youth Development Foundation, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as 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/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child 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/my child 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, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may 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 organization, 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.
4. 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.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form 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/my child's 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/my child, 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, discharge, 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/my child 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, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. 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. I understand I can choose not to sign this document and free myself and my child 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/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/ permit my child to engage in this activity.

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

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)

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 services your child may require: _____

**Uvalde County Fairplex
215 Veterans Lane, Uvalde, TX 78801 or
2001 US 90 W., Uvalde, TX 78801**

The Fairplex is located on Hwy. 90 West, approximately 2.3 miles west of the downtown Uvalde intersection of Hwy. 83 and Hwy. 90.

