University of Idaho

4H Horse Program

Registration / Permission / Waiver

Name	(First)	(Last)		(Age)	❑ Male	❑ Female
Address	(Street)			(City, State, Zip)		
Phone	(Home)			(E-mail)		
School & City	(School)			(City)		
Emergency contact(s) & Insurance info	**NAME:**			(Relationship)		
	PHONES:	**WORK:**	**HOME:**	**CELL:**		
	NAME: (if needed)			(Relationship)		

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, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why