

OHIO STATE COMPETITIVE TRAIL RIDE ACCOMMODATION/MEDICAL FORM

Please clearly and accurately print the following information:

Participant Name _____ Birthdate _____ County _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Shadow Rider Name _____ Birthdate _____ Phone Number _____

Medical Conditions _____

Allergies _____

Current Medications _____

Dr.'s Name _____ Phone Number _____

We hope that this information will never be needed, but we request that you please fill this form out completely. Lacking information can delay treatment at a medical facility for your participant. This information will be kept by the event staff. Event staff will rely on this form for medical information.

I, _____, (parent's/guardian's name) give the Event Staff permission to seek professional medical care for the participant in case of a medical emergency, illness, or injury. I give consent for any competition staff to act in good faith and without willful misconduct as stated by the GOOD SAMARITAN LAW. I understand that the staff is not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions. Medical emergencies will be taken to a more advanced medical facility. The Ohio State University, including Ohio State University Extension, is unable to pay for visits to the emergency room, doctors' offices, or for prescriptions.

In the event that verbal consent cannot be made by phone from the parent/guardian, I give written consent to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant named above. I understand that I am responsible for payment for the treatment.

I understand that the independent task requirements for this participants in this event include:

- Mounting/dismounting on uneven trail terrain.
- Riding (including periods of walking, trotting, and cantering) on uneven terrain.
- The Junior/Senior Rookie ride is approximately 10-12 miles in length and lasts approximately 1-2 hours.
- The Senior Ride is approximately 20-25 miles in length and lasts approximately 3-4 hours.
- Riding over tarps, raised poles or similar obstacles.
- Picking up a slicker and moving it to a different location while on horseback.
- Working a rope gate.
- Caring for horse at PR Stop (such as cleaning feet, water, feed, checking temperature, pulse, and respiration).

Note: the overnight stay location does not have electrical hookups.

Parent/Guardian Signature _____ Shadow Rider Signature (if different) _____

Shadow riders are required for youth that have submitted a Winning 4-H Plan will be expected to respond to emerging needs as a result of the conditions noted in the Winning 4-H Plan. Assistance with required independent tasks will impact scoring.

Shadow Riders must:

- Be 18 years of age.
- Have reviewed the rules for the Trail Ride Competition.
- Have reviewed the participant's Winning 4H Plan
- Understand the impact of the disability on ride tasks.
- Able to manage and administer as needed prescribed medications for symptom management and episode recovery.
- Be able to provide medical consent during the event should it be necessary.

Shadow Rider Signature _____ Printed Name _____ Date _____

Parent/Guardian Signature _____ Printed Name _____ Date _____