



Knox County

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extension.tennessee.edu/knox

Cabin Fever 4-H Horse Clinic



MONDAY, February , 202 Roane State Expo Center

Presented by the Knox County 4-H Horse and Pony Project \$2 bucks gets you into every session – all day long! This clinic will get you ready for the 4-H Horse Show Season! Registration 8:30 AM – 11:30 AM



Showmanship: 9:00-10: with Rebecca Boggess, Robbie Casteel, Heather Miller Gaited: 10:-1: Robbie Casteel & Kierstin Stiner k: 0 U k: "

The Knox County 4-H Horse and Pony Project is presenting a winter clinic designed to prepare you for the upcoming show season. It is open to 4-H members of <u>any county</u>. You <u>may join 4-H for no cost at the clinic!</u> The price of the clinic is only \$2 for the whole day. This is a great opportunity to ride your horse indoors where it is warm and dry and get familiar with the Roane State Arena. Space is limited, so sign up as soon as possible. Trainers from across East Tennessee have offered their time and talent to help our kids learn what is expected in the show ring.

We know that some of your horses haven't been worked all winter or . This is a clinic, designed to help you understand how to get ready for a 4-H show and what the judges are looking for. There is a minimum body condition score of 4 is required for a horse to be entered into the clinic. We will discuss this rule at our clinic and provide information on determining the BCS etc. Discipline appropriate tack is desired but not mandatory. (i.e. western saddles and English cutbacks are OK for gaited, half chaps are OK for English, we're not checking bits etc.) But we encourage you to read the 4-H Horse Show Handbook before you tack up to decide which tack is allowed/disallowed in your discipline. This book can be downloaded for free at

*YOU MUST WEAR AN ASTM/SEI APPROVED HELMET WHILE MOUNTED AT ALL TIMES INCLUDING OUTSIDE ARENAS AND WARMUP AREAS.

Rules and Procedures:

- 1. Every 4-H'er will need to check in at registration to get a number and the parent or guardian will need to sign a Roane State release form <u>before entering the arena</u>. You <u>must have this form signed by a parent or legal guardian in order to participate</u>.
- 2. ALL HORSES ATTENDING MUST HAVE CURRENT, ORIGINAL, NEGATIVE COGGINS PAPERS or they will not be allowed to unload the horse. Show your Coggins papers to the barn manager before unloading your horse.
- Any 4-H'er traveling with someone other than a parent or legal guardian will need to provide a <u>4-H Health</u> <u>Form 600A</u> signed by a parent or legal guardian to the 4-H volunteer or parent who is in charge of them.
 This form is available at https://4h.tennessee.edu/Pages/forms_materials.aspx#6. Scroll down to health/code of conduct.
- 4. A minimum Body Condition Score of 4 based on the Henneke BCS scale is required for a horse to participate in the clinic.
- 5. YOU MUST WEAR AN ASTM/SEI APPROVED HELMET WHILE MOUNTED AT ALL TIMES INCLUDING OUTSIDE ARENAS AND WARMUP AREAS.
- 6. Every animal must be under control at all times and may be disqualified if considered by the clinicians and/ or the clinic committee to be in any way undesirable, untrained, unfit, or improperly "turned out". If the clinic committee or clinician deems a horse unsafe, the class will be held until the rider is excused. All committee/clinician decisions are final.

Inclement Weather Policy

In the event of inclement weather, the clinic will be cancelled no later than 5:00 AM Eastern Time the date of the clinic. A voicemail will be placed on Sharon Davis' cell phone (865-705-4982).

Horse Accommodations

Horses may not be left unattended while tied to any fence, rail, panel, post, or structure within the facility or on the facility grounds, with the exception of horse trailers in the parking areas. All horses must be ridden, held, stalled, or properly secured at their trailers. When stalled, only one horse per stall is permitted and appropriate bedding is required.

Sunday Arrival

If you would like to arrive on Sunday evening before the clinic, please contact Sharon Davis at 895-705-4982. Pre-registration for Sunday arrival **IS REQUIRED by noon of Monday February 14, 2022**.

Directions

The Roane State Expo Center is located at 247 Patton Lane, Rockwood, TN 37748. For more information, visit their website at http://www.roanestate.edu/?6477-Expo-Center

Take I-40 to exit #347 (Harriman/Rockwood).

Turn left at light onto Highway 27; travel approximately 2 miles.

Turn left at traffic light (Patton Lane).

Travel for approximately 1 mile; the Expo Center is on your right.

Required Forms

- Roane State Expo Center Release Form Signed By Parent or Guardian. Forms will be available at registration.
- Negative, Current, Original Coggins Form for each horse brought to the clinic. <u>Due upon arrival to the barn.</u>
- 600A Health Form for any 4-H'er traveling with someone other than their parent or legal guardian. This form will stay with the 4-H volunteer or parent who is in charge of the 4-H'er. It can be downloaded from: http://www.utextension.utk.edu/4h/forms/acrobat/f600a.pdf

Payment

Registration forms are to be sent in before the clinic and payment will not be due until you arrive at the clinic. However, a \$10 late fee will be added to any registration not received by the listed due date. Checks should be made payable to Knox County 4-H. There is no charge for members who come without horses to audit the clinic.

February 21, 2022 Cabin Fever 4-H Horse Winter Clinic Registration Form

Or E-Mail:

sadavis@utk.edu

Please mail to: Knox County 4-H Horse & Pony Club

Or Fax: 865-215-2933

Hunter Focus Area:

400 West Main Street

Suite 560

Knoxville, TN 37902-2411

Make sure that the form reaches us by February 14, 2022. A \$10 late fee will be added to all entries received after this date or those who register the day of the clinic. Phone (Day)______(Evening) _____ County _____ Grade _____ Cell Parent or Guardian E-Mail Do you plan on arriving on Sunday? YES NO Please be prepared to present the following documents at check in: Roane State Expo Center Release (these will be available at registration but an adult needs to sign for minors) Current Coggins – Expires 600A 4-H Health Form (Only if you are traveling with someone other than a parent or guardian) Clinic \$25 Stalls# _____ X \$15 _____ RSVP by 2/14/22 *Please the charge. *Please note: tack stalls can be split but one person will be responsible for Tack Stalls# _____ X \$15 _____*Each stall must have 1 bag of shavings per stall. You may *Shavings#____X \$7 bring yours from home. Camper Hook-Up \$15 Late Fee (After 2/14/22) \$10 _____ Total \$_____ (Registration fees are due the day of the clinic.) Please indicate the classes you will participate in and any particular skill you'd like the clinician to focus on. Showmanship:Focus Area:_____ _____Gaited -Focus Area:______ Ranch - Focus Area:_____

RELEASE FORM

1. I PROMISE NOT TO SUE ROANE STATE COMMUNITY COLLEGE FOR ANY INJURIES OCCURING WHILE USING THE HENRY/STAFFORD EAST TN AGRICULTURAL EXPOSITION CENTER FACILITIES.

In consideration for receiving permission to use the Henry/Stafford East TN Agricultural Exposition Center facilities I release and covenant not to sue Roane State Community College, the Board of Regents of the State University and Community College System of Tennessee, the State of Tennessee, and all employees and agents of these parties (hereinafter referred to as "releasees") from all claims related to any loss that may be sustained by me, including loss of life, or to any property belonging to me, whether caused by the negligence of the realeasees or otherwise, (except those tort claims, arising out of the Claims Commission Act, T.C.A. 9-8-307 et.seq., which allow certain negligence claims arising out of the acts by a state employee while using the facilities.

2. I AM AWARE OF THE RISKS OF CHOOSING TO USE THE FACILITIES AND I ACCEPT RESPONSIBILITY FOR THESE RISKS.

I voluntarily choose to Use these facilities. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of my use of the facilities whether caused by the negligence of the releasees or otherwise.

- 3. I WILL REIMBURSE ROANE STATE COMMUNITY COLLEGE FOR ANY COSTS INCURRED BECAUSE OF MY USE OF THE FACILITIES.

 I agree to indemnify the releasees for any loss or costs, including medical bills, court costs and attorneys' fees, that they may incur due to my use of the facilities, whether this loss is a result of the negligence of releasees or otherwise.
- 4. THIS AGREEMENT WILL ALSO PREVENT MY FAMILY FROM SUING ROANE STATE COMMUNITY COLLEGE.

It is my intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased. This Agreement shall be deemed as a Release and consent not to sue regarding any claims these parties may have against releasees relating to my use of the facilities, whether these claims arise out of the negligence of the releasees or otherwise.

- 5. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.
- 6. THE REQUIREMENT TO PROVIDE BOND OR SECURITY DAMAGE IS WAIVED.

In signing this Agreement, I acknowledge that I have read it and understand it, and that I sign voluntarily.	
User's Signature	Date of Birth
If under eighteen (18) years old, the	e signature of a parent or legal guardian is required.
Parent's Signature	Date of Birth

