

It is the parent's or guardian's responsibility to make sure this form is filled out in its entirety!

4-H MEMBER INSURANCE FORM

Name of 4-H

Member _____ Club _____

This 4-H member plans to participate in ___ 4-H Rodeo ___ 4-H events/activities with horse
 ___ 4-H events/activities without horse

PLEASE SELECT ONE OPTION**

1	I hereby certify that _____ has insurance coverage equal to or greater (Name of 4-H Member)
	than the coverage provided by 4-H (see below) for health, accident, and illness. Coverage provided by _____ Policy # _____ Expiration Date _____ (Name of Insurance Company)

OR (option 2 is NOT available for rodeo participants)

2	We hereby decline participation in the ___ 4-H group insurance ___ 4-H group insurance with horse
	I further agree that I will not hold the sponsoring organization or any of its agents (4-H leaders or extension personnel) responsible or liable for any injuries or illness sustained by the above named 4-H member while participating in any or all scheduled 4-H events or activities.

OR

3	We wish to purchase 4-H insurance for our child. (Requires 100% participation by the club. Select one of the following: ___ 4-H group insurance ___ 4-H group insurance with horse project ___ 4-H rodeo insurance
	** If you wish to purchase HORSE insurance and also have a RODEO waiver, please complete box 1, also.

For all options, please sign below:

Signature: _____ Date: _____
 (Parent or guardian)

A copy of this form to be on file in the county Extension office by date of annual county 4-H insurance program contract.

SD Policy #12000 coverage is: \$2,500 medical and hospital expenditure resulting from injuries; \$5,000 loss of life; \$10,000 loss of both hands or both feet, or one hand & one foot, or total & irrecoverable loss of sight of both eyes; \$5,000 loss of any one arm, leg, hand or foot; \$3,000 loss of sight in one eye; \$500 illness; \$500 dental.