



## CYCLONE HORSE JUDGING CAMP

**WHAT:** A 3 DAY CAMP FOR YOUTH INTERESTED IN HORSES AND HORSE JUDGING. YOUTH WILL RECEIVE INSTRUCTION IN JUDGING BOTH CONFORMATION AND PERFORMANCE CLASSES. IN ADDITION, EACH INDIVIDUAL WILL HAVE THE OPPORTUNITY TO HAVE BOTH GROUP AND INDIVIDUAL INSTRUCTION AND FEEDBACK ON ORAL REASONS.

**WHEN:** JUNE 16-18, 2011

**WHERE:** IOWA STATE UNIVERSITY CAMPUS

**WHO:** YOUTH AGES 12 TO 18 YEARS INTERESTED IN HORSES, JUDGING, MEETING OTHER YOUTH AND HAVING FUN! \*\*\*EXPERIENCED AND BEGINNER YOUTH MAY BE DIVIDED FOR MORE TAILORED INSTRUCTION.

**CAMP FEES WILL INCLUDE ON-CAMPUS HOUSING, FOOD, INSTRUCTION AND EVENING FUN! REGISTER BY MAY 15, 2011!**

\*For registration and forms:

<http://www.ans.iastate.edu/events/horsejudging/>



For questions: Contact Nikki, [nikkif@iastate.edu](mailto:nikkif@iastate.edu) or 515-294-3996



IOWA STATE UNIVERSITY  
DEPARTMENT OF ANIMAL SCIENCE

# CYCLONE HORSE JUDGING CAMP

JUNE 16-18, 2011

NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

HOME PH: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F: \_\_\_\_\_ ROOM WITH: \_\_\_\_\_

4-H, COUNTY OR FFA CHAPTER AND COACH: \_\_\_\_\_

SHIRT SIZE (ADULT): S                      M                      L                      XL

\*\* IF YOUR PARENT/GUARDIAN OR COACH WOULD LIKE TO BE A CHAPERONE,  
PLEASE MARK HERE \_\_\_\_\_ (Y OR N) (COST/CHAPERONE \$100)

PLEASE PROVIDE BRIEF ANSWERS TO THE FOLLOWING QUESTIONS:

1. LIST ANY PREVIOUS JUDGING EXPERIENCE, INCLUDING NUMBER OF YEARS, LEVEL AND AWARDS.
2. HAVE YOU EVER GIVEN REASONS?
3. LIST ANY HORSE EXPERIENCE (SHOWING, RIDING LESSONS, ETC)
4. HAVE YOU ATTENDED CYCLONE HORSE JUDGING CAMP BEFORE?
5. WHAT ARE YOUR GOALS FOR THIS YEARS CAMP?

**REGISTRATIONS ARE DUE BY MAY 15, 2011**

PLEASE MAKE CHECKS (\$200) PAYABLE TO:  
IOWA STATE UNIVERSITY  
119 KILDEE  
ATTN: HORSE JUDGING CAMP  
AMES, IA 50011-3150

## CODE OF RESPONSIBILITES

### While in attendance at the Cyclone Horse Judging Camp, I will....

- Follow the policies, regulation, and requests of my host, Iowa State University, and the Ames Community.
- Leave room, lounges, halls, and dining areas neat and clean.
- Cause no damage to university or private property.
- Not consumer or possess alcoholic beverages, tobacco products, or illegal drugs.
- Not possess any fireworks or explosives.
- Not remove screens from residence hall windows. If removed, I will be billed at least a \$50 fine.
- Attend all sessions and activities on time and in appropriate attire.
- Treat other delegates, chaperones, session leaders, and ISU staff with respect and attention.
- Enter only residence halls used by camp delegates.
- Wear my name tag at all times.
- Stay on my dorm floor between lights out and 5:30 am.
- Not order delivery food to arrive after 12 midnight.
- Not leave ISU campus unless required by a scheduled camp activity.
- Not drive a motorized vehicle through duration of camp.
- Assume legal and financial responsibility for traffic/parking tickets received.

### By not following the above Code, I will ....

- Be given a warning depending on the severity of the offense or unless offense is immediately handled by ISU security or residence staff. If ISU Security must enforce policies, their penalty procedure supersedes those set by the Conference.
- Have my parents contacted and possibly be sent home depending on the severity of the offense.

The discipline review committee will be composed of members of ISU Staff and chaperones. They have the right and responsibility to contact parents of delegates when appropriate. All Iowa laws that affect minors will be enforced, and delegates may be sent home if the committee determines it to be the most appropriate action.

Delegate's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Cyclone Horse Judging Camp 2011**  
**Iowa State University of Science and Technology (ISU)**  
**Medical Information/Release Form**

**PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEDICAL EMERGENCY CONTACT INFORMATION**

<p><u>Person to Contact First</u>                  Name _____                  Relation to Participant _____                  Daytime Phone _____                  Evening Phone _____                  Name of Family Doctor _____                  Name of Dentist _____</p>	<p><u>Backup Contact (Relative or Friend)</u>                  Name _____                  Relation to Participant _____                  Daytime Phone _____                  Evening Phone _____                  Office Number _____                  Office Number _____</p>
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**INSURANCE POLICY INFORMATION**

The above-named participant is covered by health insurance.  Yes\*\*  No\*

\* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you or your child. \_\_\_\_\_

\*\* If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name \_\_\_\_\_ P.H.'s Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
 P.H.'s Employer's Name/Address \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Company Name \_\_\_\_\_  
 Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

**Health Information (Please Print)**

Do you have any of the following conditions or a history of any of the following conditions? (*Check all that apply.*)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bronchitis                              | <input type="checkbox"/> Fainting Spells                           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Ear Infections                          | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever                               | <input type="checkbox"/> Chronic bone, muscle or joint injuries    |
| <input type="checkbox"/> Migraine headaches  | <input type="checkbox"/> Other condition(s): (Please list) _____ |  |

Allergies or reactions: (*Check all that apply.*)

- |   |   |   |                                 |                                  |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin                | <input type="checkbox"/> Penicillin           | <input type="checkbox"/> Dairy              | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ |                                 |                                  |

Are you currently on any prescribed or over-the-counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

\_\_\_\_\_

\_\_\_\_\_

(over)

**IOWA STATE UNIVERSITY  
RELEASE AND WAIVER OF LIABILITY**

**PLEASE READ THIS CAREFULLY.**

It affects any rights you may have if you are injured or otherwise suffer damages while participating in the Cyclone Horse Judging Camp to be held June 16-18, 2011, sponsored by the Iowa State University Animal Science Department.

I, \_\_\_\_\_ (participant) hereby release, waive, discharge and covenant not to sue the Animal Science Department, the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and /or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability 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 deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of liability shall be construed in accordance with the laws of the State of Iowa.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

Request for Giving Prescription and Non-Prescription Medication at Camp

**2011 Cyclone Horse Judging Camp**

**Please complete a separate form for each medication needed.**

Participant's Name: \_\_\_\_\_

Medication at camp will be administered following these guidelines:

- Parent signed and dated authorization (below) to administer the medicine completed.
- The medication must be in the prescription container or the container in which it was purchased.
- The prescription medication label contains the student name, name of medication, direction for use, and date.
- While at camp, the medication must be stored with the Program Coordinator and it must be in the original container.

Name of Medication: \_\_\_\_\_

Medication dosage: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Doctor who prescribed medication: \_\_\_\_\_

Prescribing doctor's phone number: \_\_\_\_\_

Additional information or administration instructions: \_\_\_\_\_

I request the above student be given the medication at camp by staff according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that camp staff may contact the doctor/prescriber as needed.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from camp and to pick up remaining medication and equipment from the Program Coordinator.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MINORS ONLY

OUTDOOR RECREATION PROGRAM - CLIMBING WALL  
OFFICE OF RECREATION SERVICES  
IOWA STATE UNIVERSITY  
RELEASE, ASSUMPTION OF RISK, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

PLEASE READ THIS CAREFULLY - IT IS A BINDING LEGAL DOCUMENT!

Acknowledgment of Risk - CLIMBING WALL:

I HEREBY ACKNOWLEDGE and agree that the sport of rock climbing and the use of the Climbing Wall located in the Lied Recreation Athletic Facility, Iowa State University (hereinafter referred to as the CLIMBING WALL) has *inherent risks*. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, including, but not limited to:

1. All manner of injury resulting from falling off the Climbing Wall and impacting against rock faces and projections, whether permanently or temporarily in place, or the Climbing Wall floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropped items, such as but not limited to ropes or climbing hardware;
4. Failure of climbing equipment such as ropes, slings, harnesses, climbing hardware, anchor points, or failure of any part of the Climbing Wall Structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue. I understand that the inherent risks involved in a climbing wall activity cannot be eliminated.

\_\_\_\_\_  
Initial      Date

LIABILITY RELEASE

In consideration of the named minor's use of the Climbing Wall, I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, do hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Iowa State University, the Outdoor Recreation Program, the Board of Regents of the State of Iowa, the State of Iowa, its officers, servants, agents, or employees, (hereinafter referred to as RELEASEES) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me.

In consideration of the named child's use of the CLIMBING WALL, I, the undersigned parent or guardian of the named child, agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury or damages is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party from any loss, liability, damage or costs, including court costs and attorneys' fees, that RELEASEES may incur due to my use of the CLIMBING WALL.

It is my express intent that this RELEASE and HOLD HARMLESS AGREEMENT shall bind the members of the child's family, heirs, assigns and personal representative and shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above-named RELEASEES.

I hereby further agree that this Participation Agreement, Release, Assumption of Risk, Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Iowa.

If the named child deviates from any aspect of the planned climbing wall activity, such deviation is purely voluntary and the RELEASEES shall not be liable for any injuries resulting or arising out of such deviation.

I understand that by participating in the specified activity I will ASSUME THE RISK of injury and damage sustained by the named child from the risks and dangers that are inherent in use of the CLIMBING WALL.

I certify that the child's birth date is \_\_\_\_\_ and is \_\_\_\_\_ years of age. I further certify that the child is in good health and has no physical limitations that would preclude his/her safe use of the climbing wall. My child has been instructed in the safety rules for the ISU Climbing Wall and agrees to abide by them.

I further certify that I am the parent or guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing ACKNOWLEDGEMENT OF RISK- CLIMBING WALL AND LIABILITY RELEASE, understand it, and sign it voluntarily on behalf of the named child.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION**

**USE OF PHOTOGRAPH/IMAGE/VOICE RECORDING**

HORSE JUDGING CAMP  
Dept of Animal Science  
Iowa State University

PLEASE READ THIS CAREFULLY. It affects any rights you may have concerning the use by Iowa State University (ISU) and the Dept of Animal Science of any photographs or images and/or voice recordings taken of you during the following program:

CYCLONE HORSE JUDGING CAMP

(Name of Program)

In consideration of my participation, I \_\_\_\_\_  
hereby grant full permission to ISU and Dept of Animal Science to use, record, reproduce and exhibit my name, image, likeness, voice, or any or all of them in the production of publicity, including printed publications, and video/audio and digital recordings, for use in a worldwide website, television tape recording, sound track recording, motion picture, filmstrip, or still photograph, or any transcript therefore, in connection with the Dept of Animal Science activities.

I agree that I am to receive no further consideration, other than that already received, for any use or future uses by ISU or the Dept of Animal Science.

I intend for this agreement to be binding on my heirs and successors, and it represents the entire agreement between the Dept of Animal Science and me regarding the matters herein agreed.

I waive any right to inspect or improve the finished version, including written copy, that may be created in connection with the photographs, images and/or voice recordings.

I also consent to republication of my photograph/image and/or voice recording in the normal course of business of ISU, including any Internet publications about ISU and its programs.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Signature of Parent or Guardian if participant is less than eighteen years of age)