

Montana 4-H

Working Ranch Horse Finals

Information and Registration



August 29-30, 2020

The 406 Arena
200 US Hwy 89 | Vaughn

EVENT DESCRIPTION

The Montana 4-H Working Ranch Horse Finals (WRHF) consists of 2 days of competition.

The **4-H Ranch Horse Competition** will be on **Saturday, August 29th** and the **Versatility Ranch Horse Show** will be on **Sunday, August 30th**.

WRHF is named such as it is an opportunity to bring together all 4-H youth entered in the Montana 4-H Working Ranch Horse project (Levels 1-4) to one location offering a fun, educational, and competitive experience. The WRHF committee strives to have an event that is affordable for families and offers a variety of prizes. The WRHF committee wants to promote the growth of the Montana 4-H Working Ranch Horse project and to be welcoming and inclusive to all those interested.

Saturday's competition is open to any 4-H youth enrolled in the 4-H Working Ranch Horse project (Levels 1-4). There is no requirement that youth compete at a county level or qualifying show to participate in WRHF. The 4-H youth is required to be enrolled in the same county level as the level entered in at WRHF and be in good standing as a 4-H member. One horse must be used for all classes within the level. Horse must be an approved project horse for the current 4-H year.

The WRHF 4-H levels competition is formatted in accordance with the curriculum manual for the Montana 4-H Working Ranch Horse project. Each competitor will exhibit in 5 classes: Knowledge Test, Riding a Pattern, Sorting Cattle, Roping Heading, and Roping Heeling. Each class is scored on a scale from 1 to 100 points. Awards will be given for winners in each class, level, and on cumulative scores. Class rank is converted to points scale to determine overall winners. Cumulative judges score is used as tie breaker if necessary.

Sunday's competition will be a Versatility Ranch Horse Show (VRH). The VRH show is open to all youth. Youth do not need to be enrolled in 4-H but will enter in the appropriate age groups to compete. Age groups are based on the age of the child as of October 1, of previous calendar year. Age categories for youth are: Juniors: 8-10 years old, Intermediate: 11-13 years old Senior: 14-18 years old. Colt classes are for horses 5 years old and younger.

The WRHF VRH events are formatted in accordance with the Montana 4-H Working Ranch Horse project and styled after the American Quarter Horse Association (AQHA) Versatility Ranch Horse (VRH) and Stock Horse of Texas (SHOT) organizations. Rules are adapted from these organizations.

Classes include ranch pleasure/riding, ranch reining, working cow horse, and ranch trail. Exhibitors may enter any number of classes. Different horses may be ridden for separate classes however for overall competition winners in each division, points will only be counted from one horse/rider combination that demonstrates exceptional versatility in many areas. Exhibitors show by age or enter by age of horse in colt classes.

PERSONAL SAFETY AND HELMET POLICY

Please remember to be safe around horses and wear the proper riding gear. Do not communicate with strangers and be aware of your settings. Please make sure you are accompanied by an adult. If you would like to report an incident, do so immediately to the show office. Reference the Montana 4-H Working Ranch Horse Rulebook for helmet policy.

GRIEVANCE COMMITTEE

Grievance committee shall consist of three committee members of the Montana State 4-H Working Ranch Horse Committee. **A fee of \$25 must accompany all protests.**



SCHEDULE

Friday, August 28, 2020

6:00 p.m. Registration and Stalling Open for check in
7 – 9:00 Arena available for Open Riding and practice

Saturday, August 29, 2020

7:30 a.m. Large and Small Arenas open for Warm up
7:30 a.m. Registration Open
8:30 a.m. Show staff meeting
9:00 a.m. Exhibitor's Meeting – explanation of events, schedule and opportunity to ask questions to judges
9:30 a.m. Show Starts –

Morning –

Large Arena – East End

- Patterns (Begin with Level 1 and work up to Level 4)

Medium Arena – West End

- Sorting (Begin with Level 4 and work down to Level 1)
 - Upon exiting Sorting run – exhibitor shall take Knowledge exam

Afternoon –

Medium Arena – West End

- Level 3 & 4 Cattle Roping

Large Arena – East End

- Level 1 & 2 Dummy Roping

~ 5:30 p.m. Awards Ceremony

Sunday, August 30, 2020

7:30 a.m. Large and Small Arenas open for Warm Up
8:30 a.m. Show Starts
Large Arena – East End

- Reining and Working Cow Horse (Class order is junior, intermediate, senior, and colts)

Medium Arena – West End

- Ranch Pleasure and Ranch Trail (Class order is colts, senior, intermediate, and junior)
Note: Classes are run combined but scored separately – may enter 1 or both

4:30 p.m. Awards Ceremony

ACCOMMODATIONS

Room blocks have been set up at 2 hotels on the West side of Great Falls.

Staybridge Suites at 201 3rd Street NW. Phone: 406-761-4903. Rate \$119 + tax. Reserve by 8/21

Days Inn at 101 14th Ave NW. Phone 406-727-6565. Rate \$77.34 + tax. Reserve by 8/14

Ask for “**4-H Working Ranch Horse**” for room block discount.

AWARDS and PRIZES

The WRHF committee has collected a wide variety of fabulous awards and prizes. The awards and prizes are made possible by a great number of generous sponsors and donors. Please make sure you send a thank you note for each award and prize you are awarded. A card with the sponsor's name and address will be on the award or prize and sponsors will be listed and made available during the event.

**MONTANA STATE 4-H WORKING RANCH HORSE FINALS
REGISTRATION**

One registration form per participant.

SECTION A: Participant Information

Name: _____ County: _____

Address: _____ State: _____ Zip: _____

Age: _____ as of Oct. 1, 2019 Horsemanship Level: _____ Ranch Horse Level: _____ First Year Showing
 Yes No

Phone: _____ Email: _____

Shirt/Jacket Size: Youth Med Youth Lg Adult XS Adult S Adult M Adult L Adult XL

SECTION B: Horse Information

Horse Name	Project Horse is Enrolled In	Age	For Colts only indicate category
			<input type="checkbox"/> C2M <input type="checkbox"/> Green Horse <input type="checkbox"/> Open
			<input type="checkbox"/> C2M <input type="checkbox"/> Green Horse <input type="checkbox"/> Open
			<input type="checkbox"/> C2M <input type="checkbox"/> Green Horse <input type="checkbox"/> Open

SECTION C: Class Entry

Saturday Classes	Circle Level #	Horse Name
Ranch Horse Level	1 2 3 4	

Sunday Classes	Check Division	Check Classes for Entry
Horse Name:	<input type="checkbox"/> Jr. <input type="checkbox"/> Int. <input type="checkbox"/> Sr. <input type="checkbox"/> Colt	<input type="checkbox"/> Reining <input type="checkbox"/> Working Cow Horse <input type="checkbox"/> Trail <input type="checkbox"/> Pleasure
Horse Name:	<input type="checkbox"/> Jr. <input type="checkbox"/> Int. <input type="checkbox"/> Sr. <input type="checkbox"/> Colt	<input type="checkbox"/> Reining <input type="checkbox"/> Working Cow Horse <input type="checkbox"/> Trail <input type="checkbox"/> Pleasure
Horse Name:	<input type="checkbox"/> Jr. <input type="checkbox"/> Int. <input type="checkbox"/> Sr. <input type="checkbox"/> Colt	<input type="checkbox"/> Reining <input type="checkbox"/> Working Cow Horse <input type="checkbox"/> Trail <input type="checkbox"/> Pleasure

SECTION D: 4-H Project Leader or Extension Agent Verification

I certify that the named 4-H member's horse is the 4-H member's project horse for this project year and that this member can safely and adequately perform the mounted abilities expected for all the classes entered.
 Signature confirms that the member is enrolled in the Working Ranch Horse project level entered above.
 I also certify that the member is covered by the 4-H blanket insurance policy.

County Extension Agent or Project Leader Signature (Required) _____

SECTION E: Payment / Camping / Stalls

Saturday Entry Fee		\$ 35	
Sunday Entry Fee		\$ 35	
Stalling* – indicate # stalls needed per night & # of horses in outdoor pen	Indoor ___ Fri ___ Sat	\$ 30 / stall / night	
	Outdoor ___ Fri ___ Sat	\$ 20 / pen / night	
	# of horses in out pen ___	\$10 each add'l horse	
Camping^ (Electric only)	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$ 10 per night	
Late Fee (per family)	If after August 18, 2020	\$ 20	
Total			\$

*Stalls will be available at the 406 Arena. There are 31 indoor stalls available. Stalls are reserved by a first-register and pay basis. Indoor stalls come with one bag of shavings. No outside shavings will be allowed. Extra shavings may be purchased onsite. For outdoor pens you can have multiple horses in pen. Cost is \$20 for 1st horse and \$10 each additional horse.

It is allowed to build your own pens, but cost is still \$20 per each and site must be approved by arena owner.

^ Camping hook up sites have electric only. They will be reserved by a first paid basis. Camping without hook up is no charge.

<p>Mail Entries to:</p> <p style="text-align: center;">MT 4-H Center WRHF PO Box 173580 Bozeman, MT 59717</p> <p>Make checks payable to: MT 4-H Foundation (WRHF in memo)</p>	<p>Registration is due by <u>August 18, 2020</u></p> <p>No late entries will be accepted and no reimbursements issued after August 21.</p> <p>Questions ??? Call Lisa Jassen 406-781-3678</p>
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SECTION F: Liability Release

For all participants: I understand the program and activities, which are involved, consent to my participation, and agree to abide by all the applicable rules, regulations and directions specified by the course leader(s). I am fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with the handling of animals and participating in the Montana State 4-H Working Ranch Horse Finals. Animals can be unpredictable and may react to sudden movement, unfamiliar surroundings or persons or other activities. I also recognize and understand that some travel may be required and are aware of the risks associated with that activity. I understand and agree that Montana State University and MSU Extension 4-H does not provide accident/medical insurance covering me while participating in the Montana State 4-H Working Ranch Horse Finals. I hereby assume all responsibility for any injury or illness I might sustain while participating in this program. In consideration of my being permitted to participate in the Montana State 4-H Working Ranch Horse Finals, I hereby assume all the risks associated with participation and necessary travel. I have carefully read the foregoing permission and assumption of risk and sign of my own free will and accord.

My child has permission to participate at the Montana State 4-H Working Ranch Horse Finals August 29-30 at the 406 Arena in Vaughn, MT. During the show, I may be reached at the following phone number _____

During the show and in the event of an emergency, my child will be under the supervision of _____
Relation to participant _____ Phone _____

Printed Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission and authorize release of liability.

FOR OFFICE ONLY:			
Date Paid: _____	Amount: \$ _____	Receipt #: _____	
Payment Method: Cash	Check	Money Order	Check or Money Order # _____

Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____ Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- | | |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems | <input type="checkbox"/> Any allergies to food or plants |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar) | <input type="checkbox"/> Special diet or food restrictions |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect) | <input type="checkbox"/> Are you currently under a doctor's care? |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Are you currently taking medications? |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication | |

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do hereby give permission to _____

PARENT/GUARDIAN Name

CHAPERONE Name

to seek and obtain any medical care necessary for my child _____

YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____



**MONTANA
STATE UNIVERSITY**

EXTENSION



**Montana 4-H Center
FOR YOUTH DEVELOPMENT**

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.

MEDIA RELEASE FORM
Montana State University Extension

Name of Participant _____

County _____

Name of Event 2020 Montana 4-H State Working Ranch Horse Finals

Date and Location of Event August 29-30, 2020, 406 Arena, 200 US Hwy 89, Vaughn, MT 59487

The **MSU Extension Service, 4-H** may like to use photos or video of your child that was taken during the above event or activity to use in a press release and other publicity related to this event. The photo or film may be used for the following purposes: Website, Press Release, News Story, Marketing materials, or other.

Do you authorize the use of photos or video of your child at this event or activity?

Yes

No

I consent and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. By signing below, I hereby waive any right that I (and a minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. I warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have also read and understand the conditions of use listed below.

Parent or Guardian Signature _____

Date _____

CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses, telephone or fax numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.
4. We may use group or photographs with very general labels.
5. We will only use images of children in suitable dress, to reduce the risk of inappropriate use of images.

CERTIFICATE OF VETERINARY INSPECTION

(One per Horse)

All horses must have a 14 day Certificate of Veterinary Inspection (CVI) and proof of a current (within 6 months) Rhinopneumonitis vaccination to compete at the 2020 Montana 4-H State Working Ranch Horse Finals.

Other vaccinations recommended are tetanus, West Nile, influenza, and Eastern/Western Equine Encephalomyelitis.

Each horse must be inspected at home/locally. There will NOT be a veterinarian on the grounds to perform on-site inspections. Please present this Certificate of Veterinary inspection at check-in before unloading. Show committee reserves the right to refuse entry to suspect animals at check-in or require removal of suspect animals during the event.

Name _____

Address _____

City _____ State _____ Zip _____

Horse's Name (Registered and/or Common) _____

Age of Horse _____ Sex of Horse _____ Breed of Horse _____ Color _____

Temperature _____ Pulse _____ Respiration Rate _____

Lymph Nodes Normal: Yes No Nasal Discharge: Yes No

Vaccination History: Date of vaccination _____

Vaccine Information: _____

- Rhinopneumonitis
- Tetanus
- West Nile
- Influenza
- Eastern/Western Equine Encephalomyelitis.

Additional Findings _____

I, _____ DVM, have examined the horse named above for signs of disease. As of this day _____ and time _____.

I find this horse to be free from visible signs of infectious disease.