

**RUTGERS COOPERATIVE EXTENSION
Department of 4-H Youth Development**

2025 4-H HORSE PROJECT EQUESTRIAN HELMET NOTIFICATION

I, the undersigned, have been notified of the NJ 4-H Horse Project Equestrian Helmet Policy requiring all riders regardless of age to wear an ATSM/SEI approved equestrian helmet with chin strap fastened whenever mounted during a club, county, regional, or state 4-H horse project event.

(Please read and check both statements)

_____ I understand that I, or my parent, guardian, or trainer is responsible to see to it that the equestrian helmet worn complies with appropriate safety standards for protective headgear.

_____ I will comply with the NJ 4-H Horse Project Equestrian Helmet Policy when participating in any/all upcoming club, county, regional or state 4-H horse project events.

Signature of 4-H Member

Date

Signature of Parent/Guardian

Date