



**SOUTH DAKOTA STATE  
UNIVERSITY EXTENSION**

# Insurance Declaration Form 1 to Participate in 2023 South Dakota 4-H Rodeo



To ensure that all South Dakota 4-H members competing in 2023 South Dakota 4-H Rodeo have the minimum insurance coverage listed below, a parent/guardian must complete this form for each participant and **return it to your County 4-H Office** before the May 1 Insurance contract date.

**DO NOT send this form to South Dakota 4-H Finals Rodeo, nor the State 4-H Office.**

## 4-H MEMBER'S INFORMATION

LAST NAME	FIRST NAME	4-H COUNTY
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STEP 1: Check the boxes below for the events that the participant plans to compete in during the 2023 SD 4-H Rodeo season.

- |   |  |
|---|--|
| <input type="checkbox"/> #1: Barrel Racing    | <input type="checkbox"/> # 7: Calf Roping            |
| <input type="checkbox"/> #2: Breakaway Roping | <input type="checkbox"/> # 8: Team Roping            |
| <input type="checkbox"/> #3: Goat Tying       | <input type="checkbox"/> # 9: Bareback Riding        |
| <input type="checkbox"/> #4: Pole Bending     | <input type="checkbox"/> # 10: Cattle Riding         |
| <input type="checkbox"/> #5: Flag Racing      | <input type="checkbox"/> # 11: Bull Riding           |
| <input type="checkbox"/> #6: Ribbon Roping    | <input type="checkbox"/> # 12: Saddle Bronc Riding   |
|   | <input type="checkbox"/> # 13: Steer Wrestling       |
|   | <input type="checkbox"/> # 14: Bareback Steer Riding |

***Is this minor participant a beneficiary under an insurance policy during the 2023 South Dakota 4-H Rodeo season with these minimum coverages?***

- Up to \$2,500 for medical/surgical treatment, x-ray charges, hospital confinement, ambulance expense, and prescriptions within 52 weeks of an accident;
- \$5,000 for loss of life within 100 days of an accident;
- \$10,000 for loss of both hands or both feet, or one hand and one foot, or total and irrecoverable loss of sight in both eyes within 100 days of an accident;
- \$5,000 for the loss of one hand or one foot or the loss of sight in one eye;
- Up to \$500 for illness which manifests itself on the day or days the policy is in force; and
- \$500 for dental expenses involving sound natural teeth within 52 weeks of an accident.

STEP 2: Please check Yes or No; then, complete the indicated Boxes.

<input type="checkbox"/> <b>Yes</b> (Complete Box 1, sign and date the form.)		<input type="checkbox"/> <b>No</b> (Complete Boxes 1, 2 and/or 3, as applicable; then, sign and date the form.)	
<b>BOX 1</b>	I hereby certify that the minor participant listed above has insurance coverage provided by policy listed below that is equal to or greater than the 4-H Rodeo coverage through American Income Life (AIL) Insurance Company for one or more of the following events.		
	<input type="checkbox"/> Events # 1 – 6	<input type="checkbox"/> Events # 7 – 14	
	INSURANCE COMPANY NAME: _____ IDENTIFICATION #: _____ GROUP ID: _____		
<b>BOX 2</b>	<input type="checkbox"/> For the minor participant above in Events # 1 – 6, I wish to purchase the 4-H Horse Insurance policy from AIL for an annual premium of \$2.50.	<b>BOX 3</b>	<input type="checkbox"/> For the minor participant above in Events # 7 – 14, I wish to purchase the 4-H Rodeo Insurance policy from AIL for an annual premium of \$40.00.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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