



**Oregon High School Equestrian Teams, Inc.**  
Code of Conduct Endorsement for the Year: \_\_\_\_\_

I, \_\_\_\_\_ have received the Oregon High School Equestrian Teams, Inc. (OHSET) *Code of Conduct - Standards and Violation Procedures*.

As a participant associated with OHSET, I understand the goal is to endorse and promote the values and conduct expected. My signature below signifies I have read, completely understand and agree to adhere to the OHSET Code of Conduct Standards and will accept the consequences of non-compliance as outlined in the Violation Procedures.

**By my signature below, I agree that entry and participation in OHSET activities:**

- \* is made at my own risk, and that the officers, advisors, coaches or OHSET designees assume no responsibility for accidents or injuries.
- \* is subject to the standards, policies, rules and Bylaws of the high school and Oregon High School Equestrian Teams, Inc.
- \* and waive all claims against Oregon High School Equestrian Teams, Inc., it's officers, advisors, coaches, and/or designees.

|                                    |                    |
|------------------------------------|--------------------|
| <b>Athlete:</b> _____              | <b>Date:</b> _____ |
| <b>Parent/Guardian:</b> _____      | <b>Date:</b> _____ |
| <b>Registered Advisor or</b> _____ | <b>Date:</b> _____ |
| <b>Volunteer:</b> _____            | <b>Date:</b> _____ |

**Change of Status Notification & Document Release**

**I am aware it is my responsibility to provide updated registration information to my equestrian team's advisor or coach, should changes occur during the current season. I agree to provide the necessary documentation requested to meet the criteria for participation in Oregon High School Equestrian Teams, Inc.**

**Signatures:**

|                                      |                           |
|--------------------------------------|---------------------------|
| <b><u>Parent/Guardian:</u></b> _____ | <b><u>Date:</u></b> _____ |
| <b><u>Athlete:</u></b> _____         | <b><u>Date:</u></b> _____ |

**Registration Check List**

|                                 | Athlete/Parent           | Advisor/Coach            | District Registrar       |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Athlete Goals & Evaluation Form | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Athlete Signature               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/Guardian Signature       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coach/Advisor Signature         |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| District Fee Paid               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Athlete Included on Team Roster |                          | <input type="checkbox"/> | <input type="checkbox"/> |