



Washoe County Horse 4-H  
Leaders Presents



# Horsin' Around Gymkhanas

May 17, 2026 & August 22, 2026  
Lemmon Valley Horseman's Arena  
Start 9:00 A.M

***2nd Annual EVENT FOR THE AREA HORSEMEN!***

*Open to all Riders and Horses*

*Four Age Groups plus Leadline & Walk/Trot Classes*

## May Class Lineup

1. Clown Hat, Leadline or Walk/Trot
2. Clown Hat, 10 & Under
3. Clown Hat, 11 -13
4. Clown Hat, 14 - 17
5. Clown Hat, 18 & Over
6. Cloverleaf Barrels, Leadline or Walk/Trot
7. Cloverleaf Barrels, 10 & Under
8. Cloverleaf Barrels, 11 -13
9. Cloverleaf Barrels, 14 - 17
10. Cloverleaf Barrels, 18 & Over
11. 4 Leaf Clover, Leadline or Walk/Trot
12. 4 Leaf Clover, 10 & Under
13. 4 Leaf Clover, 11 -13
14. 4 Leaf Clover, 14 -17
15. 4 Leaf Clover, 18 & Over
16. Wild Lark, Leadline or Walk/Trot
17. Wild Lark, 10 & Under
18. Wild Lark, 11 -13
19. Wild Lark, 14 - 17
20. Wild Lark, 18 & Over
21. Open End Figure 8, Leadline or Walk/Trot
22. Open End Figure 8, 10 & Under
23. Open End Figure 8, 11 -13
24. Open End Figure 8, 14 - 17
25. Open End Figure 8, 18 & Over
26. Country Cow Horse, Leadline or Walk/Trot
27. Country Cow Horse, 10 & Under
28. Country Cow Horse, 11 -13
29. Country Cow Horse, 14 - 17
30. Country Cow Horse, 18 & Over
31. Pole Bending, Leadline or Walk/Trot
32. Pole Bending, 10 & Under
33. Pole Bending, 11 -13
34. Pole Bending, 14 - 17
35. Pole Bending, 18 & Over



Washoe County  
Horse 4-H Leaders Presents  
Horsin' Around Gymkhanas  
August 22, 2026 Lemmon Valley  
Horsemen's Arena Start 9:00 A.M  
Open to all riders and horses



August Class Lineup

1. Butterfly, Leadline or Walk/Trot
2. Butterfly, 10 & Under
3. Butterfly, 11 -13
4. Butterfly, 14 - 17
5. Butterfly, 18 & Over
6. 4 Leaf Clover, Leadline or Walk/Trot
7. 4 Leaf Clover, 10 & Under
8. 4 Leaf Clover, 11 -13
9. 4 Leaf Clover, 14 -17
10. 4 Leaf Clover, 18 & Over
11. Cloverleaf Barrels, Leadline or Walk/Trot
12. Cloverleaf Barrels, 10 & Under
13. Cloverleaf Barrels, 11 -13
14. Cloverleaf Barrels, 14 - 17
15. Cloverleaf Barrels, 18 & Over
16. Wild Lark, Leadline or Walk/Trot
17. Wild Lark, 10 & Under
18. Wild Lark, 11 -13
19. Wild Lark, 14 - 17
20. Wild Lark, 18 & Over
21. Open End Figure 8, Leadline or Walk/Trot
22. Open End Figure 8, 10 & Under
23. Open End Figure 8, 11 -13
24. Open End Figure 8, 14 - 17
25. Open End Figure 8, 18 & Over
26. Gymkhana Jig, Leadline or Walk/Trot
27. Gymkhana Jig, 10 & Under
28. Gymkhana Jig, 11 -13
29. Gymkhana Jig, 14 - 17
30. Gymkhana Jig, 18 & Over
31. Pole Bending, Leadline or Walk/Trot
32. Pole Bending, 10 & Under
33. Pole Bending, 11 -13
34. Pole Bending, 14 - 17
35. Pole Bending, 18 & Over
36. Gummy Worm Race, Leadline or Walk/Trot
37. Gummy Worm Race, 10 & Under
38. Gummy Worm Race, 11 -13
39. Gummy Worm Race, 14 - 17
40. Gummy Worm Race, 18 & Over

## DRESS REQUIREMENTS

ASTM/SEI approved Riding Helmets are required for all riders 18 years and under. Use of riding helmets is strongly encouraged for all others for the safety of the rider.

GYMKHANA CLASSES: Long sleeved shirt, tucked in, or long-sleeved jacket; pants with belt if pants have belt loops; riding boots and helmet or western hat are recommended. ASTM/SEI Equine Riding Helmets are required for all riders 18 years and under.

## DIRECTIONS TO LEMMON VALLEY ARENA

Highway 395 North to Exit 74 Lemmon Drive. 3.9 miles to Nectar Street. Right on Nectar. .5 mile on Chestnut. Turn left on Chestnut and continue one block to arena on Alaska and Chestnut. The address is 11400 Deodar Street, Reno, NV 89506

Snack Bar will provide drinks and refreshments throughout the day.

## Class Descriptions

**Butterfly:** Start on either the left or right side, run up to the top barrel on the inside, go around the top and down to the bottom barrel and around to the middle barrel, circle, go across to second middle barrel and around, down to the second bottom barrel and around back to the top barrel, and around second top barrel, run on inside back to finish line TIMED EVENT. Fastest time wins.

**Clown Hat:** Rider starts on the right side of the first barrel, weave the poles, circle the left barrel, ride to the top barrel and circle barrel starting on the right side, ride back to the first barrel passing between the first pole and barrel. TIMED EVENT. Fastest time wins.

**Cloverleaf Barrels:** Rider negotiates barrels placed to form an isosceles triangle. Rider must make a complete circle around the barrel as he/she completes the pattern starting to the left or right, making one left and two right turns or one right and two left turns around the three barrels. TIMED EVENT. Fastest time wins.

**Country Cowhorse:** Rider starts on the left side of the poles, weave the three poles and go on the outside of the barrel, go between the 2 poles and cross the finish line. TIMED EVENT. Fastest time wins.

**Gummy Worm:** Rider will run from the starting line to the barrel in the arena and dismount horse, (someone will hold your horse). Contestant is to gobble up all the gummy worms off a plate without using his/her hands. Contestant then remounts his/her horse and runs across the finish line. TIMED EVENT. Fastest time wins. Rider does not have to eat the gummy worms but rider must keep the gummy worms in his/her mouth as he/she remounts the horse. Five second penalty for each gummy worm left on the plate.

**Gymkhana Jig:** Start on the left side of poles first, weave poles, jump ground jump, execute a figure 8 around the barrels, cross the finish line. TIMED EVENT. Fastest time wins.

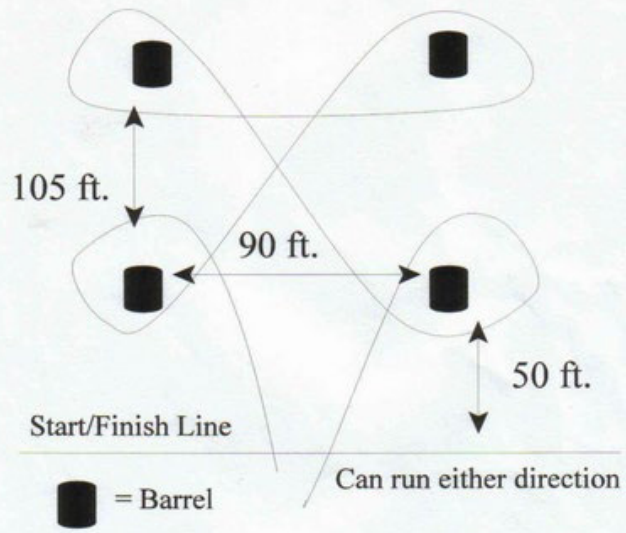
**Open End Figure 8:** Start on either side of the first barrel, weave between first and second barrel, go around top barrel, weave between the barrels again and cross finish line. TIMED EVENT. Fastest time wins.

**Pole Bending:** Rider shall negotiate six poles placed approximately 21 feet apart in a straight line. Rider shall cross the starting line and move in an approximate straight line, riding along side of the six poles, going to the farthest pole (Pole 6), making a 180 degree turn around Pole 6, then bending through the poles, making a 180 degree turn at Pole 1 and bending through the poles again, making an 180 degree turn at pole 6. Rider then returns to finish line by moving along the side that is opposite that on which he/she first approached Pole 6. TIMED EVENT. Fastest time wins.

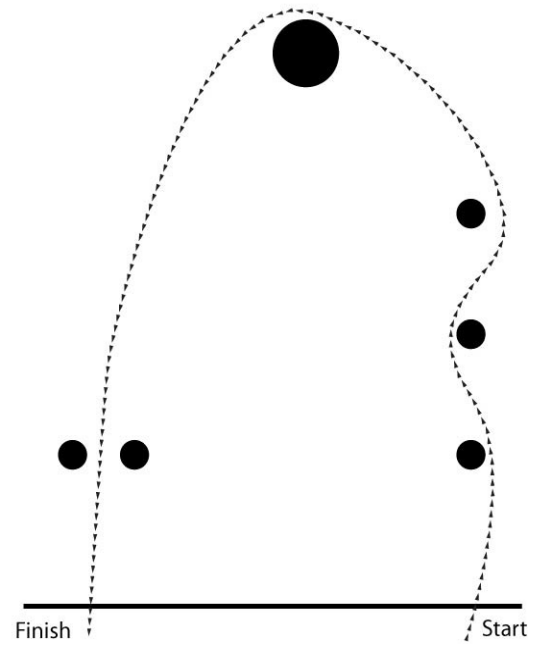
**4 Leaf Clover:** Start on either left or right side of the, circle the first barrel, go diagonally across to the top barrel, go around and go straight across to second top barrel, circle and go diagonally across to bottom barrel and circle and cross finish line. TIMED EVENT. Fastest time wins.

**Wild Lark:** Start on the left or right side of the pattern. Run through one set of poles. Weave between the first and second barrels, then the second and third barrels, go around the top the barrel and weave back and finish through the second set of poles and cross the finish line. TIMED EVENT. Fastest time wins.

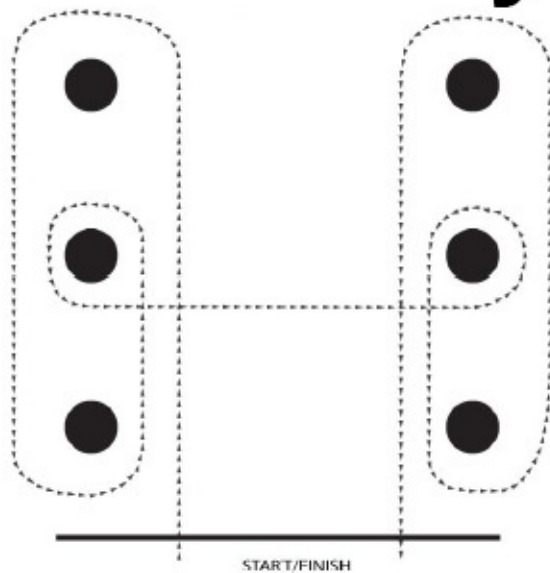
## FOUR LEAF CLOVER



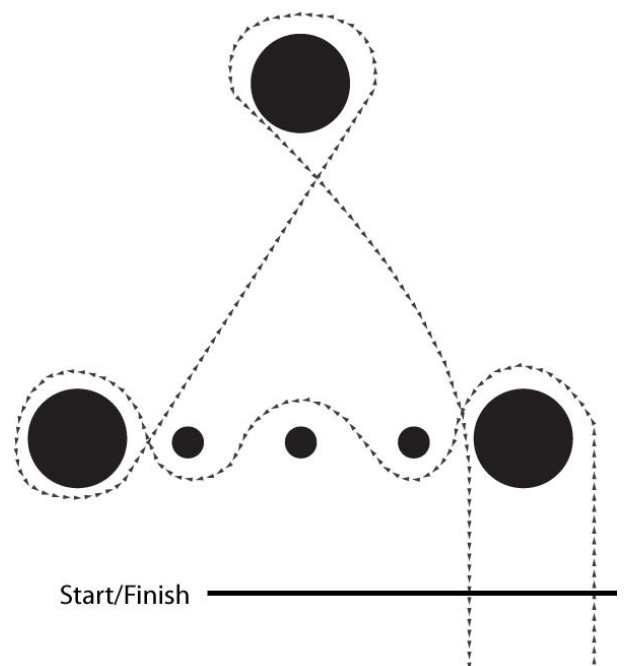
## COUNTRY COWHORSE

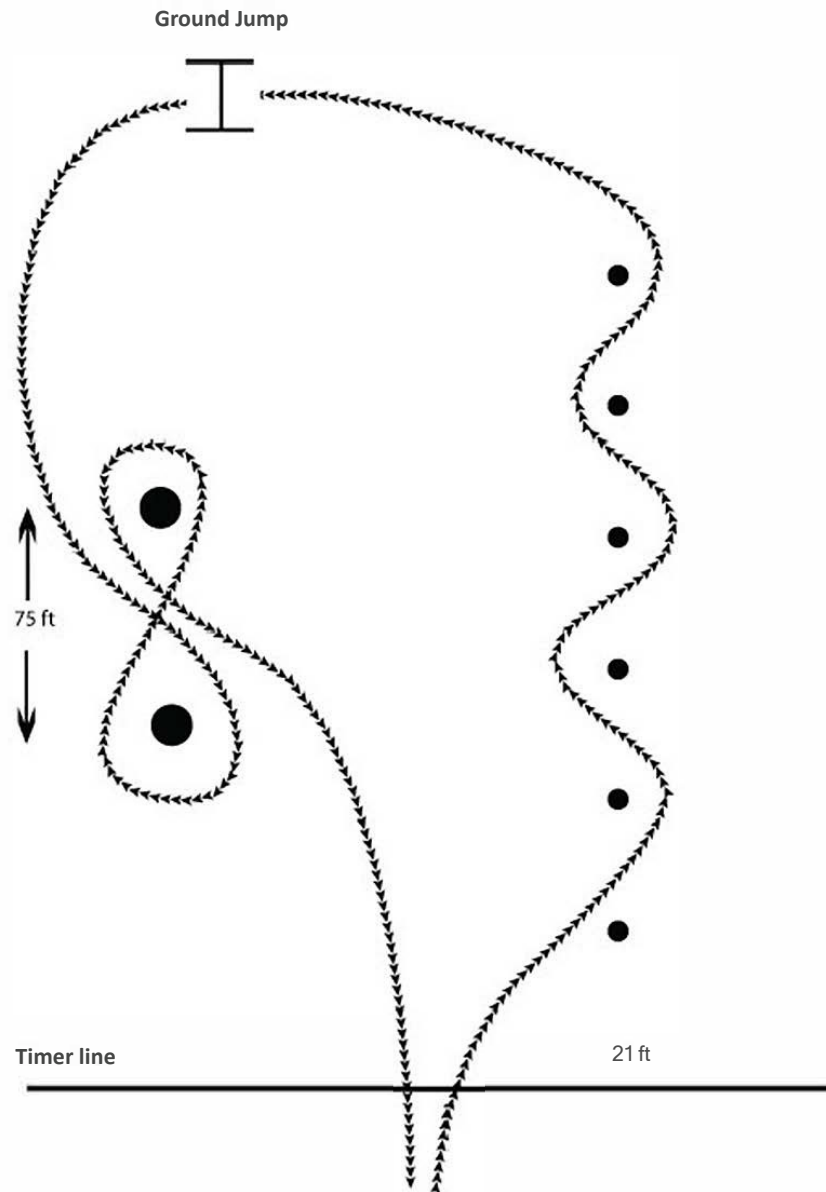


# Butterfly



## CLOWN HAT





## Gymkhana Jig

**Must start left of poles first.**

Poles will be set 21' from timer and between each pole.

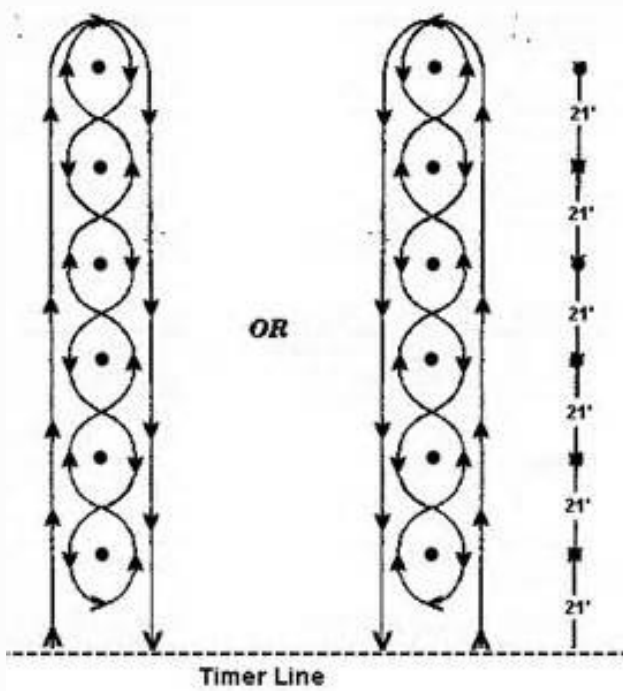
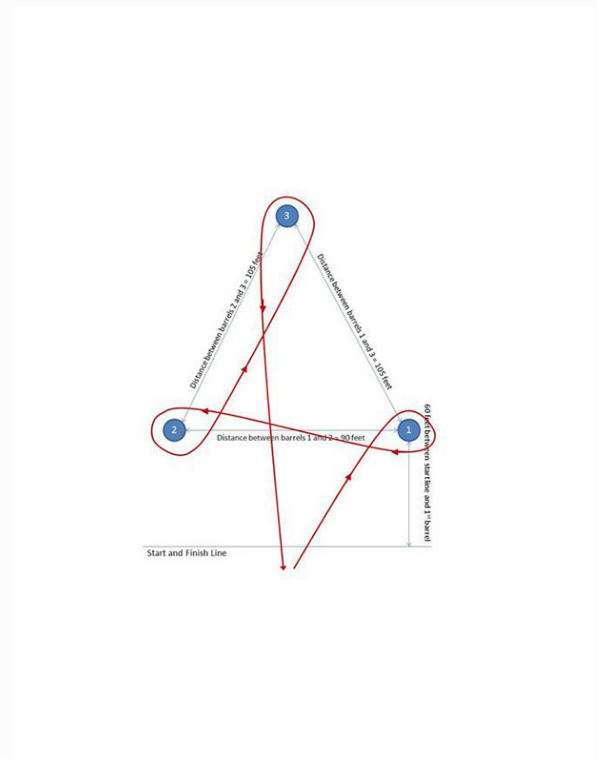
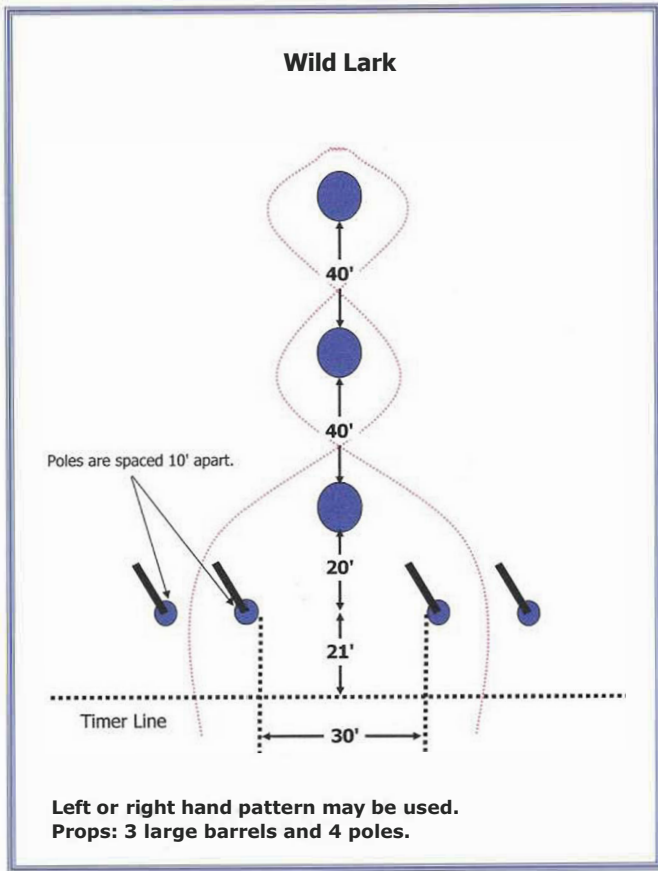
The barrels will be set 45' from timer and 30' between barrels.

The Jump will be set 21' above last pole (centered) and 20' from jump to line of barrel.

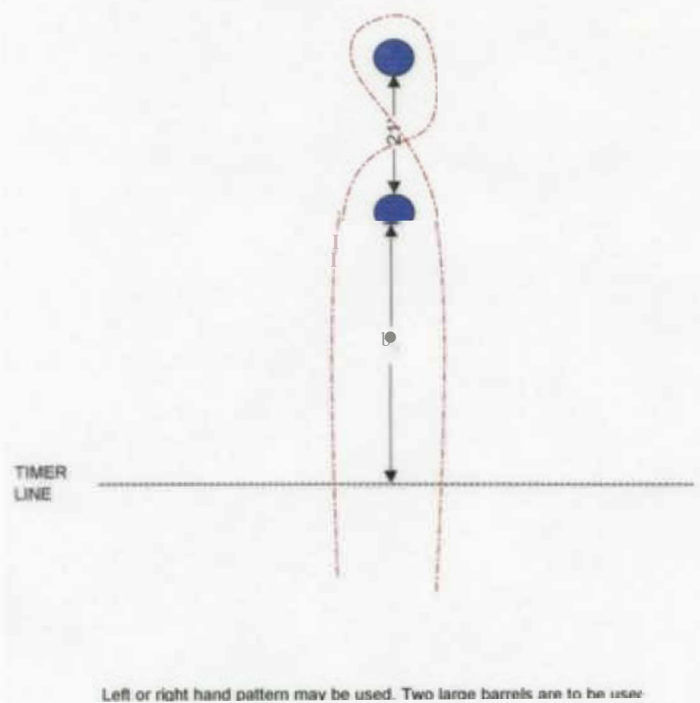
Jump may be set on ground (5 sec added)

5 Seconds will be added for each pole/barrel/jump knocked.

No Time will be given for broken pattern.



## OPEN END FIGURE 8





# Horsin' Around Gymkhana

Sponsored by Washoe County Horse 4-H Leaders  
May 17, 2026 August 22, 2026

ONLY ONE RIDER or HANDLER PER ENTRY FORM PLEASE  
All entries must be completed. Enclose the correct fees. **Please print.**

Entry # \_\_\_\_\_

Entry # \_\_\_\_\_



**Owner's Name:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Rider/Handler Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please include a legible email address.

Exhibitor/Parent/Guardian MUST READ and SIGN the University of Nevada Extension Release on the back of this entry form prior to exhibiting in this Event.

**Minor's Name:**

Age:

Birthdate:

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Address: \_\_\_\_\_

Entry # \_\_\_\_\_ **First Horse:** \_\_\_\_\_ (Please do not use barn names)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #
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Entry # \_\_\_\_\_ **Second Horse:** \_\_\_\_\_ (Please do not use barn names)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #
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USE SECOND ENTRY FORM IF THIS RIDER/HANDLER IS EXHIBITING A THIRD HORSE

Class Entry Fee is **\$5.00** per Class

Total # of Classes: \_\_\_\_\_ x \$ 5.00 = \$ \_\_\_\_\_

Day of Class Fee is **\$8.00** per Class

Total # of Classes: \_\_\_\_\_ x \$ 8.00 = \$ \_\_\_\_\_

Office Fee is **\$3.00** per Exhibitor

Total # of Exhibitors: \_\_\_\_\_ x \$ 3.00 = \$ \_\_\_\_\_

TOTAL ENCLOSED FEES \$ \_\_\_\_\_

<b>Office Use Only</b>	CHECK # _____	AMOUNT \$ _____	CASH _____	REFUND (if any) \$ _____
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Pre-entries are due by 8:00 p.m. the night prior to the day of the event.

Entries received after 8:00 p.m. will be charged the Day-of-Entry Fee.

Send entries to Silver Knolls Spurs c/o Amy Zimmerman 12200 Red Rock Rd, Reno, NV 89508

Telephone 775-564-6625 or email entries to [sks4hclub@gmail.com](mailto:sks4hclub@gmail.com)

Make checks payable to Washoe County Horse Leaders

Office fees, Post entry fees and Show fees are non-refundable.

**4-H is a program of the University of Nevada Extension**





University of Nevada Cooperative  
Extension Events Assumption of  
Risk Form on behalf of Minor (less  
than 18 years of age)

Adult form on  
next page



Parent/Guardian Name: \_\_\_\_\_ Minor's Name: \_\_\_\_\_

In consideration of the acceptance of my application for participation in 2026 Horsin' Around Gymkhana, and specifically, I hereby freely agree to and make the following contractual representations and agreements on my behalf and on behalf of my Minor (hereafter referred to as "Minor"). I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation on my behalf and on behalf of my Minor. I understand these risks include, by way of example and not limitation the following: the dangers of collision with pedestrians, vehicles, and fixed or moving objects; the danger of being bitten, kicked, or stepped on; the danger of being thrown from a horse or having a horse fall on me; the danger of being dragged; the danger of collision with other horses, riders, fences, buildings, or other structures or objects; the dangers arising from surface hazards, equipment, failure, inadequate safety equipment, weather conditions, property damage or loss and the possibility of serious physical injury, pain, mental trauma or death.

(Initial)

I understand that participation in horseback riding is an inherently dangerous activity, and that no one can guarantee my Minor's safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to allow my Minor to participate in and/or to observe this activity. (Initial)

For myself, my Minor, and our heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue the Nevada System of Higher Education (hereafter referred to as "NSHE"), its /employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my Minor's body, mental trauma, or death, and waive on behalf of myself and my Minor any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way to, any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the above event/activity including travel to and from such event or activity in which my Minor may participate as a participant, spectator or volunteer. I hereby waive for myself and on behalf of my Minor all such claims which I have or my Minor has now, or may hereafter have against the above organizations or persons, however caused. (Initial)

I agree on my behalf and on behalf of my Minor that it is my Minor's sole responsibility to be familiar with the grounds, buildings, and other facilities, rules, other applicable rules or special regulations for the above event. I understand and agree that situations and conditions may arise prior to, during, or following the event which may be beyond the control of NSHE, its employees, agents, members, sponsors, volunteers, and officials, and I must participate so as to neither endanger my Minor or others. (Initial)

I agree for myself, my Minor, and our successors that the above representations and agreements are contractually binding and shall bind me, my Minor, and our successors for the above event. I agree that if I, my Minor, or our successors assert any claim or bring any suit in violation of this agreement, I, my Minor, or any of our successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit. (Initial)

I have carefully read this participation form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself on my behalf and on behalf of my Minor and NSHE.

Signature of Participant \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Minor's Parent or Guardian Consent:  
We undersigned parent or guardian of a minor do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Parent or Guardian: \_\_\_\_\_  
(If participant is under 21 years of age.)

Person to contact in emergency:  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Cooperative Extension staff: \_\_\_\_\_



# Horsin' Around Gymkhana

Sponsored by Washoe County Horse 4-H Leaders May 17, 2026  
August 22, 2026 ONLY ONE RIDER or HANDLER PER ENTRY FORM  
PLEASE All entries must be completed. Enclose the correct fees.

**Please print.**

Entry # \_\_\_\_\_

Entry # \_\_\_\_\_



**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Rider/Handler Name:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please include a legible email address.

Exhibitor/Parent/Guardian **MUST READ** and SIGN the University of Nevada Extension Release on the back of this entry form prior to exhibiting in this Event. **Minor's Name:**

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Entry # \_\_\_\_\_ **First Horse:** \_\_\_\_\_ (Please do not use barn names)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #
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Entry # \_\_\_\_\_ **Second Horse:** \_\_\_\_\_ (Please do not use barn names)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #	Class #
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USE SECOND ENTRY FORM IF THIS RIDER/HANDLER IS EXHIBITING A THIRD HORSE

Class Entry Fee is **\$5.00** per Class Total # of Classes: \_\_\_\_\_ x \$ 5.00 = \$ \_\_\_\_\_

Day of Class Fee is **\$8.00** per Class Total # of Classes: \_\_\_\_\_ x \$ 8.00 = \$ \_\_\_\_\_

Office Fee is **\$3.00** per Exhibitor Total # of Exhibitors: \_\_\_\_\_ x \$ 3.00 = \$ \_\_\_\_\_

TOTAL ENCLOSED FEES \$ \_\_\_\_\_

<b>Office Use Only</b>	CHECK # _____	AMOUNT \$ _____	CASH _____	REFUND (if any) \$ _____
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Pre-entries are due by 8:00 p.m. the night prior to the day of the event.

Entries received after 8:00 p.m. will be charged the Day-of-Entry Fee.

Send entries to Silver Knolls Spurs c/o Amy Zimmerman 12200 Red Rock Rd, Reno, NV 89508

Telephone 775-564-6625 or email entries to [sks4hclub@gmail.com](mailto:sks4hclub@gmail.com)

Make checks payable to Washoe County Horse Leaders.

Office fees, Post entry fees and Show fees are non-refundable.

## 4-H is a program of the University of Nevada Extension



Persons in need of special accommodations or assistance should contact Paul Lessick, civil rights and compliance coordinator, at [plessick@unr.edu](mailto:plessick@unr.edu) or 702-257-5577 at least five days prior to the scheduled event with their needs or for more information.



An AA/EEO Institution

Revised 04/14/2026



**Name:** \_\_\_\_\_

In consideration of the acceptance of my application for participation in 2026 Horsin' Around Gymkhana, and specifically, I hereby freely agree to and make the following contractual representations and agreements on my behalf. I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation on my behalf. I understand these risks include, by way of example and not limitation the following: the dangers of collision with pedestrians, vehicles, and fixed or moving objects; the danger of being bitten, kicked, or stepped on; the danger of being thrown from a horse or having a horse fall on me; the danger of being dragged; the danger of collision with other horses, riders, fences, buildings, or other structures or objects; the dangers arising from surface hazards, equipment, failure, inadequate safety equipment, weather conditions, property damage or loss and the possibility of serious physical injury, pain, mental trauma or death.

**(Initial)**

I understand that participation in horseback riding is an inherently dangerous activity, and that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to participate in and/or to observethis activity. **(Initial)**

For myself, and our heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue the Nevada System of Higher Education (hereafter referred to as "NSHE"), its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma, or death, and waive on behalf of myself any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way to, any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the above event/activity including travel to and from such event or activity in which I may participate as a participant, spectator or volunteer. I hereby waive all such claims which I have now, or may hereafter have against the above organizations or persons, however caused. **(Initial)**

I agree that it is my sole responsibility to be familiar with the grounds, buildings, and other facilities, rules, other applicable rules or special regulations for the above event. I understand and agree that situations and conditions may arise prior to, during, or following the event which may be beyond the control of NSHE, its employees, agents, members, sponsors, volunteers, and officials, and I must participate so as to neither endanger myself or others. **(Initial)**

I agree for myself, and our successors that the above representations and agreements are contractually binding and shall bind me, and our successors for the above event. I agree that if I, or our successors assert any claim or bring any suit in violation of this agreement, I, or any of my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit. **(Initial)**

I have carefully read this participation form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself and NSHE.

Signature of Participant	_____	Address	_____
Name	_____	City, State, Zip	_____
Date	_____	Phone Number	_____

Consent (in case of illness or injury and I am unable to give consent):  
I consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to me under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Participant \_\_\_\_\_

Person to contact in emergency:  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Cooperative Extension staff: \_\_\_\_\_