This form **must** be completed for all youth participants.
Scan and email to [lauren.traister@uvm.edu](mailto:lauren.traister@uvm.edu) or turn in at the café check in table.

PLEASE PRINT CLEARLY and COMPLETE ALL SECTIONS (front and back)

Youth’s Name: ____________________________________________________________________________

Parent/Guardian Name: ______________________________________________________________________

Phone Number: ______________________________________________________________________________

4-H Program Risk and Release

I, as parent/guardian with legal responsibility for this participant, give permission for my son/daughter to participate in the UVM 4-H Program. I understand that participation may involve certain risks of physical activity and that UVM will provide each participant with due care, but that UVM cannot insure that the participant will remain free of injury. I nonetheless wish to have the participant participate in the UVM 4-H Program and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by the participant, or any loss or damage to property owned by the participant, as a result of participating in the UVM 4-H Program. I, for myself, my heirs, assigns and next of kin, agree to: (i) covenant not to sue UVM and its trustees, employees or agents and indemnify and hold harmless UVM, and its trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the participant’s participation in the UVM 4-H Program; and (ii) release, waive, and discharge UVM and its trustees, employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by the participant, or to any property or belongings of the participant, while participating in the UVM 4-H Program. This release, however, is not intended to release UVM from causes of action arising out of the sole negligence of UVM, its trustees, employees or agents. UVM reserves the right to dismiss a participant if in their view, the participant poses a significant safety risk to himself/herself and/or others. I have read this Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature: ___________________________________________________________ Date: ____________

- Continued on other side -
Medical Emergency Authorization

In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H staff to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the staff to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Parent/Guardian Signature:________________________________________________________________________ Date:_____________

If you cannot be reached, we should contact: ____________________________ Phone ___________

Health Information

The following information is provided to aid staff in dealing with the well-being of your child. The participant has the following health conditions (e.g., allergies, asthma, physical limitations, medications needed, etc.)

Health conditions we should be aware of:
_________________________________________________________________________________________
_________________________________________________________________________________________

Medications: _____________________________________________________________________________

Photo Release

At many 4-H programs, photographs and videos are taken of participants. Sometimes these pictures or videos are used to tell people about 4-H and its programs. Pictures or videos may be sent to newspapers or used for brochures, flyers, web pages and social media sites. Photos or videos placed on websites and social media sites will not be accompanied by any personal information about the youth in the photo.

The University of Vermont Extension 4-H Program may use my child’s image in print, electronic, and/or video format for publishing in promotional material. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

☐ Yes, you may photograph or videotape my child and use for promotional purposes.

☐ No, you may not photograph or videotape my child.
4H Neuroanatomy Day
10/1/2022 1:00 pm -3 pm

4H Neuroanatomy Day will give high school students the opportunity to learn neuroanatomy from real human specimens in the medical school anatomy lab. Students will be given the opportunity to interact with faculty and receive guided tours of our specimens. **Students wishing to participate in this part of the event must complete the permission slip on the following page and bring it to the event.**

Anatomical donors are volunteers that have been screened and deemed free of transmissible disease. As is the case in all labs involved in medical education, these fixed specimens are stored in a sterile preservative solution that contains less than 5% methanol as well as traces (<1%) of formalin and phenol.

Because of this:

- Hypo-allergenic nitrile gloves **must** be worn the entire time students are within the anatomy lab regardless of whether they come in to contact with the specimens.
- Students with long hair must tie their hair back
- Students must don a lab coat
- Open toed shoes are not permitted.

No further special training is required but the following rules must be adhered to at all times.

1. Anatomical body donors and specimens are to be treated with respect at all times.
2. No human tissue or models are allowed to leave the anatomy laboratory at any time.
3. Absolutely **NO FOOD or DRINK** is allowed in the lab at any time.
4. Absolutely **NO PICTURES or VIDEOS** are allowed without prior authorization from the Director of the Anatomical Gift Program.
5. Gloves are required when working with human tissue and/or models in the anatomy laboratory. Protective goggles and masks may be necessary. Gloves and other laboratory waste should be discarded inside the laboratory in the waste bins (not in the hallway).

Please contact Dr. Nathan Jebbett (njebbett@uvm.edu) if you have questions or concerns about this event.

Thanks,

Nate

Nathan J. Jebbett, PhD.
Assistant Professor- Educational Scholar Pathway
Department of Neurological Sciences
Robert Larner M.D. College of Medicine
University of Vermont
Given Bldg. Room C454C
89 Beaumont Ave.
Burlington, Vermont 05405-0134

Phone: 802.656.7123
Email: njebbett@uvm.edu
Minors in Laboratories
Parental Permission Form

I have been fully informed as to the activities associated with working in the Anatomy Lab, lab located at Given E401, in which my minor child______________________________ (name of student) will be participating at the University of Vermont.

In the event of an emergency, I agree to allow the University of Vermont, its agents and employees, to seek emergency medical treatment for my child. Listed below are emergency contact numbers:

Name_________________________ Telephone#__________________________

Name_________________________ Telephone#__________________________

I knowingly accept responsibility for the risks associated with the activity (4H Neuroanatomy Session) and hereby give permission for my child to participate in this activity. I agree to indemnify and hold harmless the University of Vermont, its officers and employees for any injuries or damages that I, or my child may incur, except for that which is caused by the sole negligence of the University. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number.

Parent/Guardian Signature_________________________ Date_________________________

To the student:

I accept the risks associated with working in the lab. I have been informed of safe lab practices and agree to abide by them. I agree to utilize protective equipment when indicated.

Student Signature_________________________ Date_________________________

http://www.uvm.edu/safety/sites/default/files/minors_in_labs_permission.pdf