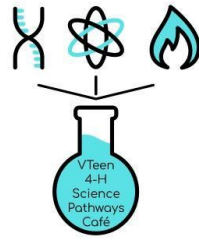


VTeen 4-H Science Pathways Cafés Permission Form



This form **must** be completed for all youth participants.

Scan and email to 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 and Video Release

☐ I, as parent/guardian with legal responsibility for this participant, hereby consent to and authorize the use and reproduction by UVM Extension, or anyone authorized by UVM Extension, of any and all photographs/videos which have been taken for any purposed in conjunction with publicizing activities of UVM Extension without compensation to me.

☐ I also consent to having myself and/or my minor child/children identified by name in photo captions or video captioning.

Name: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

☐ No, you may not photograph or videotape my child.

