

## **Youth Participant Permission Form**

This form <u>must</u> be completed for all youth participants.

Scan and email to <u>lauren.traister@uvm.edu</u> or turn in at the 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, participate in the UVM 4-H Program. I understand that participati and that UVM will provide each participant with due care, but that remain free of injury. I nonetheless wish to have the participant p tarily assume full responsibility for any risks of loss, property dam the participant, or any loss or damage to property owned by the puvon 4-H Program. I, for myself, my heirs, assigns and next of kin, trustees, employees or agents and indemnify and hold harmless to from any and all losses, penalties, damages, settlements, costs or participant's participation in the UVM 4-H Program; and (ii) release employees and agents, from any and all liability, claims, demands arising out of or related to any loss, damage or injury that may be or belongings of the participant, while participating in the UVM 4-intended to release UVM from causes of action arising out of the or agents. UVM reserves the right to dismiss a participant if in the safety risk to himself/herself and/or others. I have read this Releaunderstand that I have given up substantial rights by signing it and inducement.	on may involve certain risks of physical activity t UVM cannot insure that the participant will articipate in the UVM 4-H Program and volunage or personal injury that may be sustained by participant, as a result of participating in the agree to: (i) covenant not to sue UVM and its UVM, and its trustees, employees and agents other expenses or liabilities arising out of the se, waive, and discharge UVM and its trustees, actions, and causes of action whatsoever sustained by the participant, or to any propert H Program. This release, however, is not sole negligence of UVM, its trustees, employee ir view, the participant poses a significant se of Liability, fully understand its terms,
Parent/Guardian Signature:	Date:

- Continued on other side -

## **Medical Emergency Authorization**

Parent/Guardian Signature:

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.

f you cannot be reached, we should contact:	Phone
Health Information	
The following information is provided to aid staff in dealing winders the following health conditions (e.g., allergies, asthma, physics)	
Health conditions we should be aware of:	
Medications:	
Photo Release	
At many 4-H programs, photographs and videos are taken of poideos are used to tell people about 4-H and its programs. Pict used for brochures, flyers, web pages and social media sites. Poid media sites will not be accompanied by any personal informat	tures or videos may be sent to newspapers or thotos or videos placed on websites and social
The University of Vermont Extension 4-H Program may use my video format for publishing in promotional material. I release to copyright ownership and publication including any claim for materials.	all claims against the University with respect
☐ Yes, you may photograph or videotape my child and use	for promotional purposes.
☐ No, you may not photograph or videotape my child.	



Date: