This form **must** be completed for all TRY teen teachers.
Please submit completed form with your TRY application.

**PLEASE PRINT CLEARLY and COMPLETE ALL SECTIONS** (front and back, use pen)

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:
______________________________________________________________________________________
______________________________________________________________________________________

Indicate any activities in which you do not want your child to participate:
______________________________________________________________________________________

** If any medications (including aspirin) will need to be taken during the program, you will need to complete a Permission for Medication Form.

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.
VOLUNTEER/PARTICIPANT COVID-19 ACKNOWLEDGMENT OF RISK

The virus that causes COVID-19 is highly contagious. It is possible to develop and contract COVID-19, even when individuals follow all of the safety precautions recommended by the CDC, the State of Vermont, and the University (“UVM”). UVM Extension is following all coronavirus guidelines issued by the CDC and other experts to reduce the spread of infection. However, by engaging in on- or off-campus activities, UVM program participants can never be completely shielded from all risk of exposure or illness caused by COVID-19 or other infections.

As a volunteer, parent or guardian,

- I will monitor my/ my child’s health prior to participation for COVID-19 symptoms, which can include the following: cough, fever, chills, muscle-pain, shortness of breath, sore throat or new loss of taste or smell (“Symptoms”).
- I will not participate/allow my child to participate if I/they have Symptoms or have been exposed to someone who has exhibited COVID-19 Symptoms or that has tested positive for COVID-19, or if I/they have a test pending.
- I agree that to the best of my/their ability, I/ my child, will follow all 4-H or other program safety guidelines and will practice safe physical distancing and clean hygiene at all times during their participation in UVM program activities.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/ my child(ren) may be exposed to or infected by COVID-19 by participating in 4-H/UVM program activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the University requires its employees and students to follow its policies and public health guidelines, but it cannot control the behavior of any particular individual. I further understand the risk of becoming exposed to or infected by COVID-19 while participating in 4-H/UVM program activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, UVM employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me/my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/ my child(ren) may experience or incur in connection with my/my child(ren)’s attendance at 4-H/UVM program activities (“Claims”). I understand that if I/my child(ren) fail to abide by the terms of this acknowledgment, I/my child(ren) may be barred from participation in future 4-H activities in UVM’s sole discretion. I will also communicate by email to our UVM contact if/as soon as I become aware that I/my child(ren) is confirmed to have a COVID-19 infection and has participated in a 4-H or other UVM program event in the fourteen (14) days prior to confirmation of the infection and share information that will allow UVM to determine who may have been exposed.

Name of participant/volunteer: __________________________ Name of parent/guardian: __________________________

Volunteer/Parent/guardian signature: __________________________

Date signed: ______________