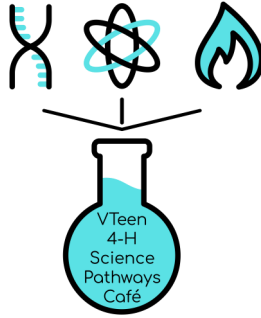


VTeen 4-H Science Pathways Cafés



Permission Form

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

Scan and email to lauren.traister@uvm.edu or turn in at the check-in table at the café.

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

Youth's Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the VTeen 4-H Science Cafés and follow up labs. I understand that even after reasonable precautions have been taken, and that the University of Vermont Extension will provide each participant with due care, that the University of Vermont Extension cannot ensure my child will remain free of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the University of Vermont, their trustees, officers, employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of 4-H activities. This release, however, is not intended to release the University of Vermont Extension from causes of action arising out of the sole negligence of the University of Vermont Extension, their trustees, officers, employees or agents.

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: _____

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: _____

Medications: _____

Photo Policy

At many 4-H events, 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. If you do not wish to have your child's image used for promotional purposes, please check the box below and make an effort to avoid opportunities to be in photos or videos.

- Yes, you may photograph or videotape my child and use for promotional purposes.
- No, you may not photograph or videotape my child.

