



4-H Vet Science



The UVM Extension 4-H program is offering a three session vet science program to be held at UVM **April 3, 10, and 18** as listed below. Participants will engage in hands on activities to learn about topics related to veterinary medicine. This program is open to teens (13 and up) only.

*To request a disability-related accommodation to participate in this program, please contact Rose Garritano at 802-651-8343 ext. 505 or 1-800-571-0668 by **March 15, 2019** so we may assist you.*

Dates, times, locations*, and anticipated topics:

April	3	4 pm - 6 pm (Jeffords 120)	General Anatomy and Physiology/Mink Dissection
April	10	4 pm - 6 pm (Jeffords 120)	Veterinary Skill Stations (examples: suturing, bandaging, vaccinating)
April	18	2:30 pm -4:30 pm (UVM Farm)	Physical Exams –large and small animals

**Jeffords Hall: UVM campus 63 Carrigan Dr, Burlington, VT 05405*

UVM Farm: Miller Research Complex, 500 Spear St., S. Burlington 05403

Materials fee: \$15.00

To register:

1. Complete the registration /risk release/emergency contact form (page 2 and 3)
2. Write a check for \$15 made out to **Chittenden County 4-H Foundation.**
3. Mail the registration /risk release/emergency contact form (page 2 and 3) and the check to

4-H Vet Science
c/o Molly Buermann, Chit. Co. 4-H Foundation Trustee
40 Jackson St
Essex Junction, VT 05452

Maximum group size is **20** participants. Registration is on a first come first serve basis. The program fills quickly. You will be notified if your registration was accepted (among the first 20 received) and others will have their checks returned (or voided).

Questions? Contact Rose Garritano at 651-8343 x 505 or rosemarie.garritano@uvm.edu





VET SCIENCE REGISTRATION AND PROGRAM RISK AND RELEASE FORM



Participant's Name: _____ Preferred Name: _____

Participant's Age: _____ Date of Birth: _____ Current Grade: _____ Participant's Gender: _____

Participant's Address: _____

Parent/Guardian (frequently checked) e-mail Address: _____

Please check *all* that apply.

Participant's Race and Ethnicity:

Hispanic Non Hispanic Black Asian American Indian Pacific Islander White

Participant's Home Life Information:

Lives: On a farm In a town < 10,000 In a town 10,000 to 50,000

a parent/guardian is/was in the military

4-H Program Risk and Release

I, as parent/guardian with legal responsibility for this participant, give permission for _____ 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. Further, I understand that all types of animals may react unpredictably to certain stimuli and situations and that there are inherent dangers in being on or around animals. I agree that being in the presence of all animals at the UVM Farm is at my own risk and that I will hold harmless from any liability the University of Vermont and any individual associated in any way with the University of Vermont. I hereby assume all risk of loss of life or injury arising out of or in any way connected to my presence at the UVM Farm and the surrounding facilities. I hereby waive any claims, which I have now or in the future against the University of Vermont. I hereby certify that I have read and understand the foregoing, and that I agree to these terms for as long as I am a participant in the vet science program engaging in animal activities, which include, but are not limited to classes, demonstrations, exhibitions, and contact with animals. I also understand that under Vermont Law, an equine activity sponsor is not liable for injury to, or death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary pursuant to 12 V.S.A. 1039

Parent/Guardian's name (print) _____

Parent/Guardian's signature _____ Date _____

Photo Permission By signing this section, I grant permission for UVM to use my child's image in print, electronic, and/or video format for publishing in program promotional material and 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.

Parent/Guardian signature

www.uvm.edu/extension/youth



Emergency Contact Information



Participant Name: _____

Parent/Guardian Phone Numbers

Name (print): _____

#s (home): _____ (work): _____ (cell): _____

Name (print): _____

#s (home): _____ (work): _____ (cell): _____

Name of an additional emergency contact: _____

Phone number(s) for emergency contact:

#s (home): _____ (work): _____ (cell): _____

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 program 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 requested 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: _____