



### 4-H Vet Science Program

The UVM Extension 4-H program is offering a three session vet science program to be held at UVM [April 5, 12, and 20](#) 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, and locations:** Friday [April 5 and 12](#) from [4pm-6pm](#) in Jeffords Hall ASCI Lab 120  
(*UVM campus 63 Carrigan Dr, Burlington, VT 05405*)  
Saturday [April 20](#) from [2:30pm-4:30pm](#) at the UVM Farm  
(*Miller Research Complex, 500 Spear St., S. Burlington 05403*)

**Materials fee: \$15.00.**      **Questions?** Contact Rose Garritano at 651-8343 x 505 or [rosemarie.garritano@uvm.edu](mailto:rosemarie.garritano@uvm.edu)

#### To register:

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

4. E-mail the following information to [rosemarie.garritano@uvm.edu](mailto:rosemarie.garritano@uvm.edu)  
Participant's name  
Participant's age  
Participant's home town  
Frequently checked family or individual e-mail address  
Contact name  
Contact phone number

NOTE: Emailing this information DOES NOT REGISTER a participant for the program. See below.

Maximum group size is [20](#) participants. Registration is on a first come first serve basis and **registration is not complete until after the hard copy of the registration/risk form and payment are received.** 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).

**Program dates/ times/ locations and planned primary topics** (topics may be subject to some changes):

<a href="#">April</a>	<a href="#">5</a>	<a href="#">4 pm - 6 pm (Jeffords 120)</a>	<a href="#">General Anatomy and Physiology/Mink Dissection</a>
<a href="#">April</a>	<a href="#">12</a>	<a href="#">4 pm - 6 pm (Jeffords 120)</a>	<a href="#">Veterinary Skill Stations (examples: suturing, bandaging, vaccinating)</a>
<a href="#">April</a>	<a href="#">20 (Sat.)</a>	<a href="#">2:30 pm -4:30 pm (UVM Farm)</a>	<a href="#">Physical Exams –large and small animals</a>

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Mail this completed form and your check to  
**4-H Vet Science**  
*c/o Molly Buermann, Chit. Co. 4-H Fndtn. Trustee*  
**40 Jackson St**  
**Essex Junction, VT 05452**

**4-H Vet Science Registration 2019**

Please register me for 4-H **Vet Science**. A check for \$15 made out to *Chittenden County 4-H Foundation* is enclosed.

Name \_\_\_\_\_ Age: \_\_\_\_\_

Home town: \_\_\_\_\_

Frequently checked e-mail address: \_\_\_\_\_

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

**4-H Program Risk and Release**

I give permission for \_\_\_\_\_ to be in the 4-H vet science program to be held at the UVM farm and on central campus. I understand that 4-H project activities/events may involve certain risks and that the University of Vermont and its 4-H program will provide each participant with due care, but that the University of Vermont cannot ensure that my child will remain free of injury or illness. I authorize UVM personnel to contact medical assistance in case of emergency. I understand that a lab setting or farm presents many risks of illness and/or injury including, but not limited to, animal-borne contagions, trips, falls, sprains, lacerations, physical injury, serious injury or death and that the University is not responsible for the cost of medical care incurred by a participant injured on the premises, unless such injury arises due to the sole negligence of UVM. I nonetheless wish to have my child participate in this program. I agree to indemnify and hold harmless the University of Vermont and State Agricultural College, and UVM Extension and their trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of participation in the 4-H program. This release, however, is not intended to release the University of Vermont from causes of action arising out of the sole negligence of the University of Vermont, its trustees, employees or agents.

University of Vermont FARM RISK RELEASE

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.

Warning

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

Participant Name (print): \_\_\_\_\_ Participant signature: \_\_\_\_\_

Parent/Guardian’s name (print) \_\_\_\_\_

Parent/Guardian’s signature \_\_\_\_\_ Date \_\_\_\_\_

Parent /Guardian Phone numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of emergency contact (print): \_\_\_\_\_

Phone number(s) for emergency contact: \_\_\_\_\_