***ALL YOUTH age 12 to 18 from New Hampshire, Vermont and New York are invited to join a FREE, day-long farm tour on Thursday, July 18***

Make new friends from neighboring states, explore farm career opportunities, and learn about the business side of farming: dairy and beef, bees, vegetables, fruit, flowers, and more!

Itinerary

6:30am  Bus leaves UVM Extension office, 140 Kennedy Drive, South Burlington VT 05403
8am    Bus pickup at Upper Valley Food Co-op, 193 Main St., White River Junction, VT
9-11am  Farm Visits
12:30pm Lunch at the Farmer’s Table Café, Grantham
1:30-4pm  Farm visits
4 pm    Bus drop-off in White River Junction
5:30 pm  Bus arrives at UVM Extension office in South Burlington

Don’t wait to register — there are only 16 spots!

Both registration forms must be completely filled out and signed by a parent/legal guardian.

- Registration and Risk Release Form (page 2)
- Health History and Emergency Medical Treatment Form (page 3)

Email or text your completed, signed registration to <Liz.Kenton@uvm.edu>.

Questions? Please call 802-257-7967 x308.
Tri-State Agricultural Tour 2019
Registration and Risk Release Form

Eligible youth are age 12-18, from Vermont, New Hampshire, or New York.

Youth participant__ or Chaperone___

Name _______________________________________ Age of youth (as of registration) _____________

Address________________________________________________________________

Email __________________________________________________________________

Please note any special dietary requirements __________________________________

I, as parent/guardian with legal responsibility for this participant, give permission for the youth named above 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: _____________

This program is made possible through generous support from the following partner organizations:

[List of partner organizations]

www.uvm.edu/extension/youth
Youth Name:

Parent/Guardian Name if youth is under 18:

Check the diseases or vaccinations the youth has had:

- __ Measles
- __ Mumps
- __ German Measles
- __ Chicken Pox
- __ Whooping Cough

Does the youth wear:

- __ Glasses
- __ Contacts

If the youth takes any prescribed medication that may be used during the event, please provide details here:

In case of emergency:

Family physician: __________________________ Phone: __________________________

Address: __________________________ Insurance Name/Policy #: __________________________

I hereby give permission to the group leader(s) to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that the University of Vermont shall not be liable for expenses associated with any medical treatment for injuries my child may sustain by virtue of his/her participation in the program.

Parent/Guardian Signature: __________________________ Date: __________________________

Home Phone: __________________________ Work Phone: __________________________

If you cannot be reached, we should contact:

Name: __________________________ Phone: __________________________