

PROGRAM: BALTIMORE COUNTY 4-H FAIR

DATE(S): July 11 – 15, 2018

My minor child, as listed below, has my permission to fully participate as a representative of the University of Maryland Extension (UME) Maryland 4-H Youth Development Program in all activities associated with the above named program.

In connection with and consideration of my child's participation in the Program, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity. There is potential for accidents and/or injuries arising from:
 - a. participating in the activities associated with this program.
 - b. transportation by public carrier or vehicle driven by a volunteer or UME staff member.
 - c. fire and/or weather-related events.
 - d. terrorism attacks while participating or traveling to or from activities.
2. I understand that my child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release.
3. I represent and warrant that my child has no physical, health related or other problems, which would preclude or restrict my participation in the Program or otherwise render my participation dangerous or harmful to them or others. I further represent and warrant that my child has adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that my child must abide by all rules and regulations applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result of illness or injury associated with the Program or related activities, I consent to such first aid and/or treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, The University System of Maryland, University of Maryland Extension, Baltimore County 4-H Fair, Inc., and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Program and/or related activities, whether due to negligence, mistake or other action or inaction of UME or any other person or entity.

OVERNIGHT PERMISSION

YES Permission is given for my child to be overnight in the Fair Barns on the Timonium Fairgrounds while participating in the Baltimore County 4-H Fair, **with animal exhibits**. My child is under the supervision of the chaperone named below and the chaperone is responsible for my child. I acknowledge that I and my child have read, understand and agree to abide by the overnight rules, regulations, policies and procedures. Name of Designated Overnight Chaperone: _____

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian Having Care and Custody of Participating Child

Date

Name of Parent/Guardian: _____ Home Phone _____ Work Phone _____ Cell Phone _____

Participating Child's Name: _____ Signature: _____ Age: _____

Equal opportunity employer and equal access programs.

Rev. – March 2015

I give permission to the Baltimore County 4-H Club Fair Association, Inc. to use and publish my child's photograph for educational and promotional purposes without compensation.

Youth signature _____ Parent/Guardian signature (if minor) _____

