

## Kentucky 4-H Youth Development



# 4-H Event Registration Form 4-H Teen Conference

Participant Full Name:							
T-Shirt Size: Adult Sizes Only	Small	Medium	Large	XL	2XL	3XL	4XL
Roommate Preference List up to three names Youth will be in dorm rooms. There are two beds to a room, so they will only be with 1 of the 3 listed. If no preference they will be put with same county youth.							
Major Cohort Preference: Please refer to the Major Cohort list and description			2. Sec	cond Choic	e		
Registration Type:  • County Delegate  • Current Board member: SET, STC, FLB, SSTAB, NRESci, State Officer  • Adult Volunteer  • Agent							
• KY Army ROTC and Obst • Wildcat Campus Tour • UK Art Museum Tour • UK REC (Sports Fun) • County on your own to		ngton					

## Cooperative Extension Service

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

Lexington, KY 40506

#### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.







### Kentucky 4-H **Youth Development**



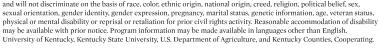
Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

(Initials)	Yes	No I am willing to par	rticipate or give	e permission for my chi	ld to participate in an	y program evaluation.
understand that p Participation is de new ideas and act understand that a child is not require by participating in advised of the pot	articiposigned ivities ttended to possible the tended to possible this extended in this extended in this extended in this extended in the tential in the ten	te: I give permission for pating in this event may all to expose 4-H member in a safe, nurturing envising this 4-H event is strict participate in this event event, as with any extract risks through the risk mes in the event of a loss,	include, but is is to new skills a ironment. 4-H a tly voluntary ar but grant perm urricular activit anagement pla	not strictly limited to, the and experiences and to activity involvement will not is not a requirement ission for my child to do y, may risk potential in n, that I have full know	ne activities listed on enable participants to lead to contact with for being a 4-H members of despite the possibury. I hereby attest a ledge of the risks involves	the provided agenda. o be challenged to try various individuals. I ber. I understand that m ble risks. I recognize tha nd verify that I have bee olved in this activity, and
(Initials)	Yes	No I as the parent or	guardian give	permission for my child	to participate in this	event.
_		I hereby give permission egister my child for the li	•		formation provided t	hrough the 4-H
(Initials) this event.	Yes	No the event coordi	nator has perm	nission to use my 4-H e	nrollment information	n to register my child for
	_	<b>ph:</b> I hereby give permis g in activities. Photograp			-	
(Initials) the above paragra	Yes iph.	No I give permission	for my child to	be photographed and	the photograph to us	e used as explained in
Delegate:		Print:		Sign:		Date:
Parent/Guardiar	ր:	Print:		Sign:		Date:

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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







## University of Kentucky Minors Participating in a Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION	<u> </u>			
Program/Camp Name: American I	Private Enterprise System Youth	Program / APES Yout	h Seminar	
Date(s):	Time(s):			
Location: University of Kentucky	,			
PARTICIPANT INFORMATION:				
Name of Participant:				
Address:	City:	State:	Zip:	
Phone Number:	Date of Birth:	Gender: M	F	
PLEASE READ THIS DOCUMENT OF TULLY SIGNED FORM MUST BE ALLOWED TO PARTICIPATE IN THE INTERPORT OF THE INTERP	SUBMITTED BY A PARENT OF ABOVE REFERENCED PROGRA  Id (hereafter "Child") to participat	OR LEGAL GUARDIAN M/CAMP.  te in the above referenced	BEFORE ANY CHIL d youth program (here	D IS
I acknowledge, understand and apprecipation inherent risks to which my Child may be death, as well as economic and property both known and unknown, and have evoluntarily accept and assume all risk of traveling to or from the Program.	e exposed, including the risk of serious loss. I further realize that participati lected to allow my Child to take participations.	ns physical injury, temporar ng in the youth program m rt in the Program. Therefo	y or permanent disability ay involve risks and dan re I, on behalf of my (	y, and ngers Child
I, on behalf of my Child, hereby release Leaders, the Program Staff, and all oth liability as to any right of action that ma suffer while training, preparing, participal	ner officers, directors, employees, vo ay accrue to my heirs or representativ	lunteers and agents (herea es for any injury to my Chi	fter "UK") from any ar ild or loss that my Child	nd all I may
I, on behalf of my Child, furthermore reclaims and demands of every kind what omissions and any present or future cla Child may be liable to any other person accepts no responsibility for my Child's part of the control of the contr	soever, specifically including, but not im, loss or liability for injury to pers t, that may or does arise out of my Cl	limited to, any claim for no no property that my Ch	egligence or negligent a ild may suffer, for whice	cts or h my
In the event of an accident or serious illabehalf. I hereby hold harmless and agrout of or resulting from said medical treexpenses that may derive from any injuri	ree to indemnify UK from any clair atment. I further agree to accept full r	ns, causes of action, dama esponsibility for any and al	ages and/or liabilities, and lexpenses, including mo	rising
This RELEASE contains the entire a contractual and not a mere recital. T ample opportunity to read this docum giving up substantial rights (includity voluntarily, and intend by my signate allowed by law. My signature on this corpresentatives, administrators, and as	he information I have provided is of ent and I understand and agree to a ng my right to sue), and acknow are to provide a complete and unco document is intended to bind not on	lisclosed accurately and to all of its terms and conditional of the list of th	ruthfully. I have been gones. I understand that this document freely ability to the greatest e	given I am and xten
Participant Name	Parent	/Guardian Name		
Participant Signature	Parent	/Guardian Signature		
Data	Data			