



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

Participant Full Name:	
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T-Shirt Size: Adult Sizes Only	Small	Medium	Large	XL	2XL	3XL	4XL

Roommate Preference <i>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.</i>	1. _____ 2. _____ 3. _____
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Major Cohort Preference: Please refer to the Major Cohort list and description	1. First Choice _____ 2. Second Choice _____ 3. Third Choice _____
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Registration Type: <ul style="list-style-type: none"> • County Delegate • Current Board member: SET, STC, FLB, SSTAB, NRESci, State Officer • Adult Volunteer • Agent 	
Pre-Conference Tour: <ul style="list-style-type: none"> • KY Army ROTC and Obstacle Course • Wildcat Campus Tour • UK Art Museum Tour • UK REC (Sports Fun) • County on your own to explore Lexington 	





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 participate or give permission for my child to participate in any program evaluation.

Permission to Participate: I give permission for my child to attend and participate in the event listed above. I acknowledge and understand that participating in this event may include, but is not strictly limited to, the activities listed on the provided agenda. Participation is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing environment. 4-H activity involvement will lead to contact with various individuals. I understand that attending this 4-H event is strictly voluntary and is not a requirement for being a 4-H member. I understand that my child is not required to participate in this event but grant permission for my child to do so despite the possible risks. I recognize that by participating in this event, as with any extracurricular activity, may risk potential injury. I hereby attest and verify that I have been advised of the potential risks through the risk management plan, that I have full knowledge of the risks involved in this activity, and that I may incur expenses in the event of a loss, an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ (Initials) Yes No I as the parent or guardian give permission for my child to participate in this event.

Permission to Register: I hereby give permission for the 4-H professional to use the information provided through the 4-H enrollment process to register my child for the listed 4-H event.

_____ (Initials) Yes No the event coordinator has permission to use my 4-H enrollment information to register my child for this event.

Permission to Photograph: I hereby give permission for the 4-H youth registering for this event to be photographed through the event while participating in activities. Photographs will only be used to share the success of the event and future marketing of the event.

_____ (Initials) Yes No I give permission for my child to be photographed and the photograph to use used as explained in the above paragraph.

Delegate:	Print:	Sign:	Date:
Parent/Guardian:	Print:	Sign:	Date:



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

PROGRAM/CAMP INFORMATION:

Program/Camp Name: American Private Enterprise System Youth Program / APES Youth 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 CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my Child, hereby release the University of Kentucky, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "UK") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless UK from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that UK accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of UK to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify UK from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____