

The Eastern 4-H Center's Program Participation Agreement

Print Participant's Name

Print Name of Group

Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Eastern 4-H Conference Center is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the employees of the Eastern 4-H Conference Center have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that activities for which I and/or my child will participate entail certain risks. I elect to participate in spite of these risks.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Eastern 4-H Conference Center and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant the Eastern 4-H Conference Center and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

Signature of Participant (required) Date

If Participant is under 18 Date
(Signature of Parent or Guardian REQUIRED)

Age: _____

Address

City

State

Zip

Person to be contacted in case of emergency:

Name: _____

Home Phone: _____

Business Phone: _____