

Name of 4-H Activity: Hancock County 4-H June Jamboree Date(s): June 7-9, 2019



### 4-H Program Participation Permission, Agreements, and Health Form

Youth Participant: Please read this form carefully, provide all requested information, and sign and date the bottom of this page.

Name: \_\_\_\_\_  
last, first, middle initial

Mailing Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Birth Date: (M/D/Y) \_\_\_\_\_ Circle one: Male Female Other

*As a participant in this program, I understand that I represent myself; my family; my county; Maine; and all Maine 4-H participants, volunteers and staff. By my actions, will 4-H be judged. Therefore, by my signature below, I agree to:*

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the Dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions, which might include a loss of privileges during this program, loss of 4-H privileges in the future, and/or immediate dismissal from this program as determined by county and/or state 4-H staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Parent/Guardian: Please read both sides/pages of this form carefully, provide all requested information, and sign and date where requested.

Name of 4-H Member \_\_\_\_\_

Hancock County 4-H June Jamboree; June 7-9, 2019

Parental Statement

My son/daughter/ward has my permission to attend this program. Should my son/daughter/ward require medical attention while attending this program, I hereby give my consent for physicians to provide necessary medical treatment and will pay for same. I consider my son/daughter/ward's health to be POOR\_\_\_, FAIR\_\_\_, GOOD\_\_\_, EXCELLENT\_\_\_. I am not aware of any physical, mental or communicable conditions that will interfere with participation in this program which have not already been discussed with the event Coordinator.

I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my personal injury or death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

Furthermore, I have read and understand the statements my son/daughter/ward has agreed to above and support this agreement. I realize that I am personally responsible for my son/daughter/ward while he/she is attending this program. I understand and expect that should my son/daughter/ward break this agreement and the adult coordinators find it necessary to dismiss him/her from this program, that I am responsible for his/her transportation home.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to participant:: circle one Parent Guardian Other \_\_\_\_\_

Telephone: day\_(\_\_\_\_\_) \_\_\_\_\_ evening\_(\_\_\_\_\_) \_\_\_\_\_

Please indicate where parent/guardian can be reached during this function/if applicable and provide contact information: \_\_\_\_\_

Mailing Address if different from participant's: \_\_\_\_\_

Participant Health Information

Family Physician \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS: (explain all "yes" answers)**

- Respiratory Problems(Asthma, blood spitting, persistent cough, abnormal chest X-ray, T.B., etc.) ..... Y/N
- Heart Disease(High or low blood pressure, shortness of breath, murmurs, chest pain, Rheumatic Fever) ..... Y/N
- Stomach or intestinal problems (Ulcers, jaundice, hernia, colitis, indigestion, etc) ..... Y/N
- Kidney, Gall Bladder, or Liver Disease ..... Y/N
- Diabetes or Hypoglycemia (low Blood Sugar) ..... Y/N
- Muscular/Skeletal Problems (Arthritis, hernia, recent fractures, etc.) ..... Y/N
- Eye, ear, nose, or throat problems (hay fever, ear infection, impaired sight or hearing) ..... Y/N
- Skin diseases ..... Y/N
- Dizziness, etc. .... Y/N
- Emotional or mental disorders (Frequent anxiety, excessive fears, etc.) ..... Y/N
- Surgical Operations, accident or injuries, which required hospitalization in the past 2 years ..... Y/N
- Recent exposure to a Contagious Disease ..... Y/N
- Allergies ..... Y/N
- Are you currently under a doctor's care? ..... Y/N
- Are you currently taking medication? ..... Y/N
- Do you have any special dietary needs? ..... Y/N
- Do you have any limiting physical conditions? ..... Y/N



**University of Maine Release and Assumption of Risk**

I, \_\_\_\_\_ of, \_\_\_\_\_  
 (Parent/Guardian Name) (Address)

acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to allow \_\_\_\_\_ (name of child) in the Hancock County 4-H June Jamboree from June 7, 2019 to June 9, 2019 and in consideration of my child being permitted to participate in the Program, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin. My personal representatives and my estate.
2. That I have been fully informed of the nature, scope and demands of the Program, and understand that the Program may include activities which could be dangerous to my child and other participants and which could cause property damage, bodily injury and/or death.  
 \* See below for specific risks and dangers of the Program
3. That the University of Maine System and its University of Maine Cooperative Extension (hereinafter referred to as the "University") has informed me that there may be dangers and hazards inherent to my child as a result of participating in the Program because of the activities and travel involved, and that I personally recognize and appreciate that such dangers and hazards exist for my child. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to my child or which s/he may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by my child or my animal while my child is participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my child's injury or death, or the bodily injury, death or damage to personal property of others caused by my child or animal, which may occur or result directly or indirectly from my child's participation in the Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

I declare that \_\_\_\_\_ (name of child) is able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. In complying with the letter and spirit of applicable laws and pursuing its own goals of diversity, the University of Maine does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information or veteran status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Director, Office of Equal Opportunity, 101 North Stevens Hall, 207.581.1226.

The University provides reasonable accommodations to qualified individuals with disabilities upon request. Any person with a disability who needs accommodations for this program should contact Joyce Fortier to discuss their needs at least 14 days in advance.

4. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of the release and assumption of risk by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, agree in consideration of my child being permitted to participate in the Program, to be bound by the terms of this "Release and Assumption of Risk" and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

\_\_\_\_\_ date  
Parent or Guardian Signature  
(if participant is under age of 18 years)

I (child participant) understand that attendance in Hancock County 4-H June Jamboree is not without risk to myself, members of my family, my guests who may attend, or my animal. I declare that I completely understand the Assumption of Risk" by having read it, or having it read to me, Assented and agreed to on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Participant

\*Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:

- Recreational activities
- Food Safety
- Personal Judgment
- Disregarding direction from instructors or event organizers
- Youth handling animals
- Weather Hazards

# UNIVERSITY OF MAINE SYSTEM AND 4-H PHOTO RELEASE AGREEMENT

I, \_\_\_\_\_, (*name of person in photo*) hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) and the 4-H Program (defined as 4-H Afterschool, National 4-H Council, 4-H Cooperative Extension System, USDA/NIFA, Maine 4-H Program, 4-H clubs and programs, etc.) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") obtained during the current 4-H year (October-September) at 4-H-sponsored events, and to do so with or without mention of my name.

**I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.**

**UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.**

**I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.**

**I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.**

**This agreement shall be governed and construed according to the laws of the State of Maine.**

**NOTE: If under 18, must be signed by parent or guardian on last line below.**

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DATE	SIGNATURE OF PERSON IN PHOTO	PLEASE PRINT NAME
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ADDRESS	PHONE NUMBER
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SIGNATURE OF PARENT OR GUARDIAN (if applicable)