

Piscataquis Passport Project Summer 2018

It's Passport sign-up time again! Completed enrollment forms can be returned to the University of Maine Cooperative Extension Piscataquis County office (165 East Main St) in Dover-Foxcroft. Please note spaces for participants, as well as guardians, to sign.

The Piscataquis Passport Project encourages kids and their families to access healthy food and activities in the Dover-Foxcroft area community in the summertime. Participants get their Passports marked at various locations in Dover-Foxcroft: Sedomocha School cafeteria for free breakfast and lunch, the Sedomocha School Garden, Free Community Meals, Dover Cove Farmers' Market, Thompson Free Library, and Mayo Regional Hospital. Passports are not required to participate in these activities!

A Passport *is* required in order to claim \$5 in Veggie Vouchers at each of 6 visits to the Dover Cove Farmers' Market (the Passport will be marked at each visit). Vouchers will not be issued after August 18, but may be spent any time during the outdoor market season 2018.

The Piscataquis Passport Project is administered through University of Maine Cooperative Extension Piscataquis County as a 4-H program. Students 5-18 become enrolled in 4-H when they register for a Passport. Sedomocha School Garden activities and 4-H Fun with Rebecca at Dover Cove Farmers' Market are UMaine Extension-sponsored; the remainder are collaborations with community partners. To learn more about 4-H in Maine, visit extension.umaine.edu/4h. The University of Maine is an equal opportunity/affirmative action institution. To request accommodation for disability, please contact Trisha Smith at 207.564.3301 or trisha.smith1@maine.edu.

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Sarah E. Harebo, Director of Equal Opportunity
101 North Stevens Hall, University of Maine, Orono, ME 04469-5754
207.581.1226, TTY 711 (Maine Relay System).



2018-2019 MAINE 4-H MEMBER ENROLLMENT for Piscataquis County PASSPORT Program

First Name: _____ MI: _____ Last: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Gender: Male Female

Primary Phone: () _____ Mobile Phone () _____

Is child allergic to bee stings? Yes __ No __ Will you provide an EpiPen? Yes __ No __ Food allergy type? _____

Parent/Guardian(s)

Parent/Guardian 1:

Name(s): _____ Work Phone: () _____

Email: _____ Mobile Phone: () _____

Parent/Guardian 2:

Name(s): _____ Work Phone: () _____

Email: _____ Mobile Phone: () _____

Address, if different: _____

Please provide us with this optional data so that we may report to our federal partners.

Hispanic Ethnicity: (check one):

Yes – Hispanic or Latino Ethnicity OR No -- Not Hispanic or Latino Ethnicity OR Prefer not to state

Racial Groups: (check all that apply):

White Black or African American American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander Asian Prefer not to state

Residence (Check one):

Farm Rural non-farm or town less than 10,000 Town/City 10,000 to 50,000
 Suburb City over 50,000

Military Family (optional):

Branch: Air Force Army Coast Guard Marines Navy DOD Civilian
Branch Component Active Duty National Guard Reserves

School Name/Homeschooled: _____ Grade: _____

4-H PASSPORT Program: _____ Other 4-H clubs?: _____

Signature means my daughter/son/ward has my permission to attend this program.

Parent/Guardian Signature

4-H Volunteer/Leader Signature (to assure this form is complete)

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Receiving requests for accommodations at least seven days before the program provides a reasonable amount of time to meet the request, however all requests will be considered. Trisha Smith 564-3301 trisha.smith1@maine.edu

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.

DATE SIGNATURE OF PERSON IN PHOTO PLEASE PRINT NAME

SIGNATURE OF PARENT OR GUARDIAN (if applicable) PLEASE PRINT NAME



A Member of the University of Maine System

University of Maine Release and Assumption of Risk

I, _____ of, _____
(Parent/Guardian Name) (Address)
acknowledge, declare and agree as follows:

That I have voluntarily agreed to allow _____ (name of child) in the 4-H PASSPORT PROGRAM located at the Sedomocha Garden on Monday mornings and at the Dover Cove Farmers Market on Tuesdays from June 18, 2018 to August 20, 2018.

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.

1. 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

2. 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 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, 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 Trisha Smith to discuss their needs at least 3 days in advance.

3. 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.

Other parts of the Passport Program are hosted in the Dover-Foxcroft community by Sedomocha School, Thompson Free Library, Mayo Regional Hospital, Center Theatre, Piscataquis Regional Food Center, Free Community Meals, Piscataquis Soil and Water Conservation District. The University of Maine has no ownership of these other events; they are completely under the control of their hosts/sponsors. The University of Maine makes no representation of and has no responsibility for these third-party events.

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 the 4-H PASSPORT Program is not without risk to myself, members of my family, my guests who may attend. 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:

Children will be doing normal gardening activities, such as digging, raking, planting, watering, weeding, and harvesting by hand with simple hand tools (no power tools). There may be stinging insects and bees present.

As part of the gardening and at the farmers' market there may be taste tests of snacks they make or clean garden produce.

Revised 01/15