University of Maine Release and Assumption of Risk [EXPLORE 4-H Series]

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

1. That I have voluntarily agreed to allow ____________________ (name of children) in
the EXPLORE 4-H Series from June 2018 through September 30, 2018 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 children) 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 Viña Lindley (vina.lindley@maine.edu) 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 reminder 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 the EXPLORE 4-H Series 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

______________________________
Signature of Participant

______________________________
Signature of Participant

______________________________
Signature of Participant

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

• Exposure to elements such as severe weather, heat, cold, sun, and biting insects. and camp fires
• Falls from all terrain vehicles, bicycles, skateboards, scooters
• Fall hazards due to varied terrain
• Utilizing enrichment session tools ex. Stove, drill, glue gun, hammer, sewing) in enrichment workshops (ex. exposure to hot surfaces, splinters in wood working, etc.)
• Not listening and following facilitator’s instructions

Revised 07/18
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 _______________________ Gender _______________________

Roommate preference (if applicable to this event) __________________, ____________________

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.
11. It is the responsibility of the rider or the parent or guardian of the minor rider, to see to it that the headgear worn is properly fitted and in good condition.

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 of participant: ____________________________________________ Date:_____________________

Parental Statement – Please sign and date

My daughter/son/ward has my permission to attend this program. I have read and understand the statements they have agreed to above and support this agreement. I realize that I am personally responsible for my daughter/son/ward while they are attending this program. I understand and expect that should my daughter/son/ward break this agreement and the adult coordinators find it necessary to dismiss them from this program, that I am responsible for their transportation home.

Parent or Guardian Signature: ____________________________________________ Date:_____________________

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

ADDRESS                                                                                                    PHONE NUMBER

SIGNATURE OF PARENT OR GUARDIAN (if applicable)
Maine 4-H Health Form

Name: Last ___________ First ___________ MI _____ Preferred ___________

Home Address: __________________________________________________________

Birth Date ___________________________ Gender ___________________________

Custodial parent(s) or guardian(s) (if under 18):

Name _______________ Phone: Home _______ Cell _______ Work ___________

Name _______________ Phone: Home _______ Cell _______ Work ___________

Home address (if different from above) ______________________________________

If you are not available in an emergency whom should we notify?

Name __________________________________________________________________

Phone: Home _______________ Cell _______________ Work _______________

Address __________________________________________________________________

Insurance Information

Is this person covered by family medical and hospital insurance? Yes ____ No ____

If so, provide carrier and plan name __________________________ Group # __________

Health History

The information provided here by the parent, guardian, or adult participant is intended to provide UMaine 4-H health care personnel with the background needed to provide appropriate care, and the program personnel with the information needed to provide a safe, healthy, and appropriate 4-H experience. Any changes to this information should be shared with 4-H staff. This information will not be used to exclude a participant from participation unless the participant cannot perform program requirements with or without a reasonable accommodation, or is determined to be a direct threat to the health or safety of others.

Allergies

1. Is this person allergic to any food, medication, or other substance? Yes ____ No ____

   If yes, please list all allergens and describe your child’s reaction to them:

   ________________________________________________________________________________

   ________________________________________________________________________________

2. Has this person ever had any unusual reaction to an insect bite or bee sting? Yes ____ No ____

   If yes, please explain:

   ________________________________________________________________________________

   ________________________________________________________________________________

Medications

1. Does this person currently take a prescribed medication or treatment (Including over-the-counter and homeopathic remedies)? Yes ____ No ____ If yes, please complete the Medications section of this form.

2. Does this person self-administer any medication, such as an inhaler, or carry an Epipen or Anakit? Yes ____ No ____

   continued on back of form
Please list ALL medications (including over-the-counter medications and homeopathic remedies) taken routinely. Bring enough medication to last the entire program. ALL items should be in their original packaging, bottle, or container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages if needed.

**Medication #1**

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Specific times taken</th>
<th>Reason for taking</th>
</tr>
</thead>
</table>

**Medication #2**

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Specific times taken</th>
<th>Reason for taking</th>
</tr>
</thead>
</table>

**Dietary Restrictions - Please check all that apply**

- [ ] Does not eat red meat
- [ ] Does not eat pork
- [ ] Does not eat eggs
- [ ] Does not eat poultry
- [ ] Does not eat seafood
- [ ] Does not eat dairy products
- [ ] Does not eat gluten
- [ ] Other (please describe) __________________________

**Disabilities or Physical Restrictions:** Please describe any disabilities or physical restrictions for this person of which you want us to be aware, and any reasonable adaptations or accommodations requested:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Any person who needs accommodations for the program should contact the appropriate UMaine 4-H staff to discuss their needs, preferably at least 21 days in advance.

Please use this space to provide any additional information about this person’s behavior and physical, emotional, or mental health (such as bedwetting, toilet issues, and sleepwalking) that UMaine 4-H staff members should be aware of to provide a safe, healthy, and appropriate experience.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent or Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all program activities except as noted in this Health History. I hereby give permission to UMaine 4-H to provide routine health care, administer prescribed or other medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to UMaine staff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by UMaine staff to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips.

**Parent, Guardian or Adult Participant Signature**

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>

I also understand and agree to abide by any restriction placed on my participation in program activities by medical personnel.

**Minor or Adult Participant Signature***

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

*if you cannot sign this for religious reasons, contact UMaine 4-H for a legal waiver that must be signed to allow attendance.

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, Orono, ME 04469, 207.581.1226, ecoinfo@umit.maine.edu.
Maine 4-H Bike/Skate Registration Form

All bikes and skates on the grounds must be registered. This applies to any other items on wheels that are powered by foot (ex. scooters, skateboards). The office must have a copy of this form. Thank you.

Name of Biker/Skater: __________________________________________________________________________

Name of Adult overseeing Biker/Skater for the weekend: __________________________

Cell phone number for adult overseeing: (______) __________________________

Please indicate:

Bike: _______  Skates: _______  Skateboard: _______  Other:__________________

Office use only:

1st Warning date: ____________________________________________________________________________

Reported by: ______________________________________________________________________________

Handled by: Staff’s name: ____________________________________________________________________

Infraction was for: __________________________________________________________________________

Date for second offense and privileges were taken away: ________________________________

Staff who revoked privileges _____________________________________________________________