



UW-MADISON EXTENSION

Wisconsin 4-H Youth Enrollment

Program Name: YPCL **Dates:** Oct. 21-23, 2022 **Location:** Turning Rivers Camp

Last Name: _____ **First Name:** _____

Date of Birth: _____ **E-mail:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Grade in School:** _____

Parent/Guardian Names (First and Last): _____

- Gender:**
- Male
 - Female
 - Nonbinary
 - Not Listed
 - Prefer Not to Say

- Residence:**
- Farm
 - Rural Non-Farm / Town Less than 10,000
 - Town/City 10,000 – 50,000
 - Suburb of City Over 50,000
 - City Over 50,000

- Ethnicity:**
- Hispanic / Latino
 - Not Hispanic / Latino
 - Prefer Not to Say

- Race (Check all that apply):**
- American Indian / Alaskan Native
 - Asian
 - Black / African American
 - Native Hawaiian / Other Pacific Islander
 - White
 - Other (Race not listed)
 - Prefer Not to Say

I grant 4-H Youth Development, UW - Madison Division of Extension, and the University Board of Regents the right to publish and copyright my image (including audio, moving image, or photography) for educational programs, websites, and promotion of its programs. Yes
 No

I require an accommodation for a disability to participate in this program: Yes No
If Yes, Please Provide Additional Information:

Parent/Guardian Signature: _____ **Date:** _____

An EEO/AA employer, University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act requirements.

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the _____ County 4-H Youth Development programs conducted by the _____ County UW Extension and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE _____ COUNTY 4-H YOUTH DEVELOPMENT _____ OF THE UW-EXTENSION AT TELEPHONE NUMBER _____.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in the _____ County 4-H Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the _____ County UW Extension or the Board of Regents of the University of Wisconsin System. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____
(Parent or Guardian must sign if participant is under 18*)

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the _____ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the _____ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____
(Parent or Guardian must sign if participant is under 18*)

Consent for Emergency Treatment:

I authorize the _____ County UW Extension or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____
(Parent or Guardian must sign if participant is under 18*)

*If your son, daughter or ward will be under 18 while participating in the _____ County 4-H Youth Development program at the University of Wisconsin – Extension it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

YPCL Registration Questions

Preferred Name for Nametag (First & Last): _____

Team/Organization Name or Affiliation: _____

Will you accept a minimal number of text messages related to this event? Yes No

T-shirt size: X-Small Small Medium Large X-Large 2XL 3XL

Please list any dietary restrictions/requests you may have:

Please return these forms by mail or email by October 6, 2022. Forms can be returned to justin.lieck@wisc.edu
or mailed to: Extension PYD, 432 N Lake St, Room 105, Madison, WI 53706