



Mason County 4-H Summer Day Camp Registration 2016



I am registering for: ☐ Session #1 June 28 - 30 ☐ Session #2 July 12 - 14
☐ Session #3 July 19 - 21 ☐ Session #4 July 26 - 28

Participant Name: _____
(first) (last)

Grade: _____ Primary Phone: () _____ Primary Email: _____

Parent/Guardian Name (Printed): _____
(first) (last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Health Considerations:

☐ Has health considerations _____

☐ Has dietary needs or allergies _____

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

Ethnicity: (Check one) ☐ Yes – Hispanic or Latino Ethnicity OR ☐ No – Not Hispanic or Latino Ethnicity

Gender: (Check one) ☐ Female OR ☐ Male

Residence: (Check one) ☐ Farm ☐ Rural/Town <10,000 ☐ Town/City, 10,000-50,000 ☐ Suburb ☐ City>50,000

Racial Groups: (Check all that apply) ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian/Pacific Is. ☐ Other

Food Assistance: (Check all that apply) ☐ Free/Reduced school meals ☐ WIC ☐ SNAP or EBT card ☐ Tribal Commodities

Publicity/Media Release I understand that, unless noted below, photos, video, or audio recordings made of me or my child/ward at 4-H events may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary. (Select one):

☐ Yes, we agree OR ☐ No, we do not agree to use of digital images or voice recordings as set forth above.

Assumption of Risk I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU). In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks. Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings, shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

Indemnity Agreement I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of or connected with participation in this program and/or event. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Emergency Medical Release In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including enrolled 4-H volunteers or event staff, I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. **Note: Minors may consent to certain services in Washington. I hold harmless and agree to indemnify Washington State University, its authorized agents, and employees from decision to seek emergency treatment.**

☐ I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child whose name is set forth on this document.

Parent/Guardian Signature _____ Date _____

RETURN THIS FORM TO: MASON COUNTY 4-H 303 N 4TH STREET SHELTON WA 98584