

## Spokane County 4-H Request to Participate at a Single 4-H Event

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Role during the event: \_\_\_\_\_

Dates present at the event: \_\_\_\_\_

Please Deliver to: Spokane County Extension (4-H) office, 222 N Havana, Spokane WA 99202, fax 509.477-2087, email [4-H@spokanecounty.org](mailto:4-H@spokanecounty.org) Relying on mail is not recommended.

Name (please print): First \_\_\_\_\_

Middle Name/ Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

A criminal background check is required for your participation at this event and will be completed prior to final consideration for participation with this event.

Date of Birth (mm/dd/19\_\_): \_\_\_\_\_

Drivers License Number: WA \_\_\_\_\_

**Please authorize the background check with your signature BELOW:**

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

All adults assisting and working at this event must be either an enrolled 4-H volunteer in Spokane County 4-H or have completed this form and been screened by Spokane County Extension, prior to the event.

The coordinators of the event will be informed of those who are qualified and a name tag will be provided by the 4-H office for those who are qualified; the name tag must be worn at all times while at the event.

Extension office approval: \_\_\_\_\_ Date \_\_\_\_\_



**ASSUMPTION OF RISK**  
**WASHINGTON STATE UNIVERSITY (WSU) SPOKANE COUNTY 4-H**  
**May be used for adult participants 18 years of age and over & for youth participants**  
**→ Washington State University Extension - 4-H Spokane County**

I understand that there are risks in participating WSU-Extension Spokane County 4-H events, activities, programs, and competitions sponsored and supported by Spokane County 4-H clubs and the Spokane County 4-H Organization.

**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 myself, my child (named below) 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.**

Risks in participating in the 4-H events, activities, programs, and competitions sponsored and supported by Spokane County 4-H clubs and the Spokane County 4-H Organization 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 or 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 events, activities, programs, and competitions sponsored and supported by Spokane County 4-H clubs and the Spokane County 4-H Organization 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 or property (including livestock, small animals, and pets).

**RELEASE OF LIABILITY**

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents; the County of Spokane and its representatives and employees; and participating private parties and their facilities 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 of my child, as a result of or connected with participation in the above event. My participation includes, but is not limited to, travel to and from events, activities, programs, and competitions in a private or public vehicle, any activity connected with the events, activities, programs, and competitions, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances in shooting sports. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS \_\_\_\_\_ DAY of \_\_\_\_\_, 200\_\_\_\_\_.

Name of 4-H youth participant (Printed)

\_\_\_\_\_  
 Printed

Name of 4-H Parent or Guardian (or for adult --printed)

\_\_\_\_\_  
 Printed

Signature of 4-H Parent or Guardian (or for adult --signature)

\_\_\_\_\_  
 Signature

(Last updated 4 -9-09)

---

Persons with a disability requiring special accommodation while participating in this program may call WSU Extension at 509-477-2048. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site. Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.