

WSU Extension 4-H
HEALTH & AUTHORIZATION FORM



WASHINGTON STATE UNIVERSITY
EXTENSION

Please fill out the following information accurately. Any information listed here may be shared with Washington State University faculty and staff, and/or certified 4-H Volunteer Leaders at your County Extension Office's discretion. If you do not wish to share information about a health condition, please choose "Prefer not to state" from the required options. If a youth member is 18 on the date these forms are signed, please have the youth member sign in the Member and Parent/Guardian fields. Thank you.

Participant Name: _____ Date of Birth: _____

Participant's (if under 18) Event Chaperone: _____

Chaperone Cell #: _____ Parent/Guardian Phone #: _____

Participant Health Information

Does this participant have any allergies or reactions (food, drug, plant, insect, etc.)? No__ Yes__
Prefer not to state__

Describe any allergies and/or reactions, notating if any allergies require medical intervention:

Does this participant have any dietary needs? No__ Yes__ Prefer not to state __

List any dietary needs here:

Does this participant have any general health conditions that may affect his/her ability to participate in events? No__ Yes__ Prefer not to state__

Please list any health conditions that may affect the member's ability to participate in events, including any activities that may be restricted/prohibited due to these conditions:

Additional Information - Please provide any additional information that may be important for WSU faculty and staff, and/or certified 4-H Volunteer Leaders to know:

Health Care Provider Information

Primary Care Doctor: _____

Primary Care Doctor Phone Number: _____

Secondary Doctor: _____

Secondary Doctor Phone: _____

Insurance Information

Participant is covered by family medical and/or hospital insurance: No__ Yes__

Primary Insurance Company: _____

Insurance Policy Number: _____

Insurance Subscriber: _____

Emergency Contact Information

Primary Emergency Contact Name: _____

Relationship to Participant: _____

Primary Emergency Contact Phone(s): _____

Secondary Emergency Contact Name: _____

Relationship to Participant: _____

Secondary Emergency Contact Phone(s): _____

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 me/the participant. 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 health record from providers who treat me and these providers may talk with the program's staff about my health status. I hold harmless and agree to indemnify Washington State University, Jefferson County 4-H Council, and Horse Committee; Jefferson County Fair Board; its officers, employees/volunteers, and agents of the aforementioned bodies from decisions to seek emergency treatment.

Parent/Guardian Signature: _____ Date: _____
Participant Signature (if over 18): _____ Date: _____

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, shooting or archery, 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.

Parent/Guardian Signature: _____ Date: _____
Participant Signature (if over 18): _____ Date: _____

Release of Claims and Liability

I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU; Jefferson County 4-H Council and Horse Committee; Jefferson County Fair Board; its officers, employees/volunteers, and agents of the aforementioned 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 my 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. contract freely and voluntarily.

Parent/Guardian Signature: _____ Date: _____
Participant Signature (if over 18): _____ Date: _____