

WASHINGTON STATE 4-H NO-FAULT FORM
Parental Consent and Release

TO BE RETAINED BY THE CLUB LEADER
Leader should have these forms in his/her
possession at all 4-H events.

PARTICIPANTS (All of one family may be put on same form, if desired)

Last Name(s) First Name(s)

Address City Zip+4

4-H Club Name Home Telephone

As parent/legal guardian of the above individual(s), I hereby give my consent for the above named person(s) to participate in 4-H sponsored activities. I also hereby waive and forever discharge claims for damages which the above listed individual(s), their heirs, executors, and administrators may have or accrue against Washington State Extension, their representatives, agents, and accompanying 4-H program leaders and cooperating property owners, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities during the time period of

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my child.

Doctor's Name _____ Doctor's Phone _____

I have read, understand, and agree to the above listed statement and do sign this agreement of my own free will.

Parent/Legal Guardian Date

Address City Zip County