

 **UNIVERSITY OF HAWAI'I** 
**Hawai'i 4-H Youth Development
Program**

Name of Child (Last Name, First Name, Middle Initial): _____

ASSUMPTION OF RISK AND RELEASE.

I/We, the undersigned, certify that the above named child is in good physical health and able to participate in all activities of the Hawai'i 4-H Youth Development Program from September _____ to August _____.

I/We further understand that the University of Hawai'i does not provide medical or liability insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Hawai'i 4-H Youth Development Program.

I/We understand that participation in the Program is voluntary. In giving this consent, I/We understand that there are unavoidable and unforeseen risks in participating in the Program. I/We also acknowledge and have independently reviewed and assessed the risks. Knowing these risks, and in consideration of my child's participation, I/We agree, individually, and on behalf of my heirs, successors and personal representative(s) to assume all of the risks and responsibilities associated with my child's participation in the Program.

Signature of Parents/Guardian(s)

Date

Print Name(s)

MEDIA RELEASE

I/We give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permission to use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result in my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me.

I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Signature of Parent (if participant is under 18 years of age)

Date

Print Name(s)