

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the Lincoln County 4-H program sponsored by the Lincoln County 4-H Leaders' Association, Inc. and the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE LINCOLN COUNTY 4-H YOUTH DEVELOPMENT AGENT OF THE UW-EXTENSION AT TELEPHONE NUMBER (715)536-0304.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the Lincoln County 4-H program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____

**Signature of Parent or Guardian
(If Participant is under 18*):** _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the Lincoln County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Extension, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Lincoln County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Extension, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____

**Signature of Parent or Guardian
(If Participant is under 18*):** _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the Lincoln County 4-H Leaders' Association, Inc., University of Wisconsin-Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____

**Signature of Parent or Guardian
(If Participant is under 18*):** _____ **Date:** _____

*If your son, daughter or ward will be under 18 while participating in the Lincoln County 4-H program at the University of Wisconsin – Extension it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.