Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

ILLINOIS EXTENSION
COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____

ILLINOIS 4-H EMERGENCY MEDICAL FORM

PARTICIPANT NAME:_____

Address:_____
Street *City* *State/Zip Code*

Age:_____ Sex: F☐ M☐ Birth Date:_____ /_____ /_____

PARENT / GUARDIAN / OTHER EMERGENCY CONTACT

Name:_____
Relationship

Home Phone: (_____)_____ -_____ Work Phone: (_____)_____ -_____

Cell Phone: (_____)_____ -_____

Address:_____
Street *City* *State/Zip Code*

HEALTH INFORMATION STATEMENT

Place a "✓" in the box to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperon. At the end of the list, please give specific information on any items that you placed a "✓" in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

- ☐ 1. Nervous or Mental *(epilepsy, emotional stress, convulsions)*
- ☐ 2. Lung Disease *(asthma, persistent cough, tuberculosis)*
- ☐ 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure
- ☐ 4. Pain in Chest or Shortness of Breath *(heart murmur, rheumatic fever)*
- ☐ 5. Stomach or Intestinal Trouble *(ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)*
- ☐ 6. Arthritis, Diabetes, Kidney or Bladder Disease
- ☐ 7. Hay Fever or Allergies
- ☐ 8. Allergy to Medicines *(including penicillin, tetanus)*
- ☐ 9. Impaired Sight or Hearing, Chronic Ear Infections
- ☐ 10. Recent Surgical Operations, Accidents or Injuries
- ☐ 11. Any Infectious Disease
- ☐ 12. Skin Disease
- ☐ 13. Allergy to Foods
- ☐ 14. Significant Orthopedic and/or Neuromuscular Impairment *(e.g. loss of limb, spinal cord injury)*
- ☐ 15. Under on-going care of a Physician *(give name & phone number below)* for chronic or recurring problem
- ☐ 16. Do you wear glasses OR contact lenses? (*circle*)
- ☐ 17. Currently taking medication *(list names & doses below)*
- ☐ 18. Currently taking medication that needs refrigeration
- ☐ 19. Date of last TETANUS BOOSTER _____

Please provide any detailed information for any items above marked above. Be specific.

_____

_____

Family Doctor:_____

Clinic/Hospital Affiliation:_____

City:_____ Phone: (_____)_____ -_____

Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to University staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are re-sponsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian. As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED:_____ **DATE:**_____
Parent or Guardian

Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Permission for Photography/Videography

TALENT RELEASE FORM

I, the undersigned, do hereby consent to the use by The Board of Trustees of the University of Illinois ("University") of my image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the University or its Foundation. I warrant that I have the full right and authority to grant this consent. In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either the University or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording. I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned, or that I am the parent or legal guardian authorized to sign on behalf of a person under age 18. I further attest that I have read this consent form and fully understand its contents.

The Undersigned represents my Video/Photo/Audio release of the following event:

_____ (event name)

_____
Name of Subject

_____
Address

_____
City State Zip

_____
Subject's Signature

_____
Date

_____
Parent or Guardian's Name

_____
Address

_____
City State Zip

_____
Parent or Guardian Signature
(If subject is a minor)

_____
Date

_____
Email