Photo, Video, and Audio Release

I grant the STEM Boot camp Programming Partnership the permission to record and/or disclose my (or my child's when noted below) identity, including, but not limited to photograph, image, likeness, and voice ("Identity") and to use, reproduce, and distribute video and/or sound recordings, films, photographs, transparencies or other recordings of me (or my child when noted below) arising out of STEM Boot camp.

Programming Partners include – University of Illinois Extension |Bradley University | Society for Women Engineering-Central Illinois.

Such use, reproduction, and distribution may be done in whole or in part in any media for any purpose on behalf of STEM Boot camp Programming Partnership, such as in organization publications, webpages, social media or to otherwise promote STEM programs in posters, audio/video presentation or other displays. My (or my child's when noted below) identity may also be released to local new media to be used in connection with reporting on, promoting, or otherwise publicizing STEM programs.

In addition, I waive all claims to compensation or damages based on the use by the organizations of my (or my child's when noted below) identity. I also waive the right to inspect or approve the finished photograph, video or audio recording, or other recording.

I understand that this release is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I have the full right and authority to grant this release and that I am at least 18 years of age. I further attest that I have read this release form and fully understand its contents.

Name of Subject	Parent or Guardian's Name (f subject is a minor)					
Address	Address					
City State Zip	City State Zip					
Subject Signature	Parent or Guardian Signature (If subject is a minor					
Date	Date					

University of Illinois * U.S. Department of Agriculture * Local Extension Councils Cooperating University of Illinois Extension provides equal opportunities in programs and employment.

EMERGENCY MEDICAL FORM

PARTICIPAN	11'S NAME:											
Address:	~			<i>a</i> .						~ (7	~ ~ 1	
	Street			City						State/Z	ip Code	
Age:		Sex:	F	M		Birth	n Date:	/_		_/		
PARENT/GU	ARDIAN/OTHER EMER	GENCY	CONTA	СТ:								
Name:								Ra	lation	shin		
Home Phone:	()				Wor	k Phone:	(1		
	Street			City						State/Z	ip Code	
	es) or "N" (no) in the space			-		STATEME						
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Family Doctor	:											
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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 4-H 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 Extension 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 responsible 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:

Parent or Guardian

DATE:_____

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

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.

<u>Risks of 4-H Shooting Sports Activities</u>: 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.

<u>Assumption of Risks and Release of Claims</u>: 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/VO	URE:	DATE:					
PRINTED NAME:			BIRTHDATE:				
HOME STREET AD	DRESS:				СІТҮ:		
STATE:	ZIP:	PHONE:	E	EMAIL:			
IF PARTICIPANT/	OLUNTEER IS UN	DER 18 YEARS OLD:					
PARENT/LEGAL G	URE:			DATE:			
PRINTED NAME:			PHONE/EMAIL:				