

Name:

AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY Illinois 4-H Shooting Sports

NAME OF EVENT: **4-H Shooting Sports Activity** DATE(S) September 1-August 31 YEAR: 2016-17

This is a legal document. You must read and understand it before signing it.

The Activity is a **4-H shooting sports program under the supervision of 4-H Certified Shooting Sports Leader that involves the use of firearms, live ammunition, and/or archery equipment .**

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property, as a result of allowing my child to participate in this Activity. Risks include but are not limited to gunshot and/or archery wounds, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and from the use of equipment, materials, or facilities recommended by the University of Illinois; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care.

I understand that the University of Illinois does not guarantee the personal health or safety for participants, nor does it protect against risk of loss of personal property.

I verify that I have knowingly disclosed all pertinent medical and health information about my child in the *UI Extension 4-H Program Youth Emergency Medical Information form*, which I have completed and signed.

If my child is injured or becomes ill while participating in this Activity, I will accept responsibility for any medical bills, including co-payments and deductibles not covered by the *American Income Life Medical/Accident* insurance policy, and I will not seek reimbursement from the University of Illinois. If my child causes harm to another person or another person's property while participating in this Activity, I accept sole responsibility for all losses not covered by the *American Income Life Medical/Accident* insurance policy.

I understand the University of Illinois does not assume responsibility for events that are not part of the Activity described above, or that are beyond the control of the University, its employees, or its agents or volunteers, or for situations that may arise due to the failure of the participant to disclose pertinent information.

My child and I understand and agree to abide by the Youth Behavior Guidelines provided by University of Illinois Extension 4-H. I understand that the UI Extension has the right to ask my child to leave the

Activity if a UI representative deems that my child's behavior or action poses a threat to others participating in the Activity.

I have reviewed and understand the safety policies for each discipline in which my child will be participating, including but not limited to policies on foot wear, eye and ear protection, and other relevant safety procedures.

In consideration for allowing my child to participate in the Activity, I release the Board of Trustees of the University of Illinois, its officers, employees, agents and volunteers from all liability, and waive any and all claims that my child and I may have, arising out of or in any way connected with the Activity and my child's participation in the Activity. This release and waiver is binding on my heirs, assigns and representatives.

Youth's Name _____

Parent's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent or Legal Guardian's Signature _____

Note: University of Illinois Extension reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for any behavior outlined in *Category 1 or 2 of the University of Illinois Extension, Code of Conduct for 4-H Events and Activities*.

UNIVERSITY OF ILLINOIS EXTENSION 4-H PROGRAM
YOUTH EMERGENCY MEDICAL INFORMATION

EVENT: _____

PARTICIPANT'S NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: _____ Date of Birth: ____/____/____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS:

Name: _____ Relationship

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

Cell Phone: _(____)____ - _____

Address: _____
Street City State/Zip Code

Name: _____ Relationship

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

Cell Phone: _(____)____ - _____

Address: _____
Street City State/Zip Code

HEALTH INFORMATION STATEMENT

Check below any information you feel staff and/or volunteers may need, to maximize the safety and the well being of the exhibitor or staff member. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate, important information.

[] Nervous or Mental (epilepsy, emotional stress, convulsions) _____

[] Lung Disease (asthma, persistent cough, tuberculosis) _____

[] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure _____

[] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

[] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____

[] Arthritis, Diabetes, Kidney or Bladder Disease _____

[] Hay Fever or Allergies _____

[] Allergy to Medicines (including penicillin, tetanus) _____

- [] Impaired Sight or Hearing, Chronic Ear Infections
- [] Recent Surgical Operation, Accidents or Injuries
- [] Any Infectious Disease
- [] Skin Disease
- [] Allergy to Foods
- [] Currently taking Medicines (list names & doses)
- [] Medication that needs refrigeration
- [] Under on-going care of a Physician (NAME & PHONE #) for chronic or recurring problem

- [] Do you wear glasses? YES [] NO [] SOMETIMES []
- [] Do you wear contact lenses? YES [] NO [] SOMETIMES []
- [] Date of last TETANUS BOOSTER
- [] Date of last FLU SHOT
- [] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury)

Primary Care Physician: _____

Clinic/Hospital Affiliation: _____

City: _____ **State:** _____ **Phone:** (____) _____ - _____

Health Insurance Provider: _____

Owner's Name: _____ **ID/Policy Number:** _____

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 (IF PROVIDED) for the event does not cover pre-existing conditions or self-inflicted injuries.

SIGNED: _____ **DATE:** _____

Parent or Guardian

Revised 7/03



UNIVERSITY OF ILLINOIS
EXTENSION

College of Agricultural, Consumer and Environmental Sciences

