LIABILITY WAIVER AND MEDIA RELEASE FORM

This can be used for more than one child - please list all names of attendees

PRINT CHILD’S NAME(S): ___________________________________________________________

COURSE/ACTIVITY DATE(S): May 29, 2019
COURSE/ACTIVITY TITLE: Stutsman County Showmanship Clinic

ASSUMPTION OF RISK AND RELEASE STATEMENT

I hereby release, waive, discharge and covenant not to sue North Dakota State University, its officers, agents, employees, and North Dakota 4-H all of which hereinafter known as “NDSU” from all liability to the undersigned. In consideration of being permitted to participate in North Dakota 4-H, the undersigned in full recognition and appreciation of the dangers and hazards inherent in the above activity, does hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hold harmless, release and forever discharge NDSU from and against any and all liability, damages, claims, demands, actions, or causes of actions, on account of damage to personal property or personal injury or death which may result from my participation therein whether caused by the negligence of NDSU or otherwise. The undersigned hereby assumes full responsibility for, and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of NDSU or while participating in the above described event. I understand that the 4-H’ers will be supervised and that, if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accidental injury or illness. I further understand that, in case of a medical emergency, I will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this form.

MEDIA RELEASE

I give permission to the NDSU Extension to use my image for educational purposes, either on their website, or in a video or print publication. I understand that my image will be used to help illustrate and explain programs and activities that are part of North Dakota Extension and the Center for 4-H Youth Development.

I do _____ I do not _____

It is the policy of the Extension Service to NOT use names or otherwise identify any of the subjects in any photo used unless that information is pertinent to the text (for example, the subject is an award winner, scholarship recipient, etc.).

SIGNATURE (parent/guardian):_________________________________________ DATE:________________

PRINTED NAME (parent/guardian):_____________________________________________________

CONTACT INFORMATION (cell phone/email):____________________________________________