

**WEST KENTUCKY 4-H CAMP  
ACTIVITY RELEASE FORM  
AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY  
AGREEMENT, AND RELEASE OF LIABILITY**

\_\_\_\_\_  
PRINT PARTICIPANT'S NAME

\_\_\_\_\_  
PRINT NAME OF GROUP

***Instructions: Read page one for disclosure of perceived risks involved with the Kentucky 4-H Camping program carefully. For parents with children 17 & under, initial specialized activities that you would like to be available to your child. Each participant and parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in programs.***

I understand that my/my child's participation in the Kentucky 4-H Summer Camping Program is based on the "challenge by choice" philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but **that my/my child's participation is purely voluntary**, at all times, and I/my child will choose my /his or her level of participation in any activity. By signing this form at the bottom of page 2, I am giving permission for my child to participate in classes that he/she may enroll in and other general camp activities. I will indicate below any specialized activities that my child has permission to participate in if he/she enrolls.

I understand that the employees and/or independent contractors of the Kentucky 4-H Camp and the University of Kentucky have received training and will attempt to protect the physical and emotional safety of myself/my child. I acknowledge that during programs that participants have requested to participate in, certain risk and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, aquatic activities, exposure to wild life, accidents or illness in remote places without medical facilities and the forces of nature. I further understand that these risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents, which may occur. I further understand that participants in the selected programs will be exposed to the elements of nature, including temperature extremes and inclement weather.

### **Specialized Activities**

#### **HIGH AND LOW ROPES CHALLENGE COURSE ACTIVITIES:**

I understand that climbing, high ropes, ground initiatives and other activities in the High Ropes Course entail certain risk. These include but are not limited to inclement weather; loss or damage to personal property; accidents resulting from climbing, swinging, jumping and other types of outdoor activities; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.

#### **HORSE PROGRAMS**


I understand grooming; tacking, riding and other horse related activities have inherent risk. These include but are not limited to accidents resulting from the animal behaviors such as biting, kicking and "bucking"; inclement weather; sore muscles; loss or damage to personal property; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.


#### **SHOOTING SPORTS**

For the purposes of summer camp, "Shooting Sports" will include any and all activities involving guns, ammunition, bows or arrows. I understand that these activities have specific inherent risk. These risks include but are not limited to: inclement weather; loss or damage to personal property; injury resulting from misfires, ricochets, dry fires with a bow, and other shooting accidents; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.


**PARENTAL CONSENT FOR CHILDREN 17 & UNDER FOR SPECIALIZED PROGRAMS**

My initials next to a given activity serve as my permission for my child to participate in that specialized activity while attending 4-H Camp. Lack of initials should be assumed as no permission being granted for participation in that activity.

 \_\_\_\_\_ Shooting Sports  
(Initial Here)

 \_\_\_\_\_ Low Ropes Challenge Course  
(Initial Here)


 \_\_\_\_\_ High Ropes Challenge Course  
(Initial Here)

 \_\_\_\_\_ Horse Programs  
(Initial Here)

**HAVING READ THE PRECEDING INFORMATION ON PAGE ONE OF THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF PERCEIVED RISK INVOLVED WITH THE CAMPING PROGRAM. I UNDERSTAND THESE RISK FOR MYSELF/MY CHILD, AND I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK INVOLVED IN MY/MY CHILD'S PARTICIPATION AND DO HEREBY RELEASE THE KENTUCKY 4-H CAMP AND THE UNIVERSITY OF KENTUCKY AND ITS MEMBERS, TRUSTEES, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS, VOLUNTEERS AND AGENTS FROM ANY AND ALL LIABILITY, DAMAGES, COST AND EXPENSES ARISING OUT OF OR RELATING TO BODILY OR PSYCHOLOGICAL INJURY, LOSS OF LIFE OR PERSONAL PROPERTY THAT MAY OCCUR AS A RESULT OF PARTICIPATING IN THIS PROGRAM.**

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I understand and agree that by executing this form that I waive and release any and all claims that I might have as a result of my/my child's participation in this program.

I have either attended camper orientation, or been informed of leader/camper expectations by my county extension agent and agree to follow the guidelines as presented.

 \_\_\_\_\_  
Signature of Participant (Required)

\_\_\_\_\_  
Signature of parent/ guardian  
(Required if participant is under 18)

Age of participant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code

Person to be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Revised 11/17/09

