



La Paz 4-H Activity Release (For Field Trips)

4-H Member: _____ Age: _____ Date: _____

Parent's Release Statement: I am willing for _____
to participate in the following 4-H Youth Development activity: _____
at the following date and location _____.

I hereby release the University of Arizona, members of its staff and employees, the 4-H Leaders' Council and 4-H volunteer leaders, from all liability for injuries, accidents, and/or illness of any kind sustained during this 4-H activity, including time of transportation. I further understand that any damage to facilities/equipment caused by the participants will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to participate in this activity and has permission to go. I understand that any violation of the 4-H code of conduct could result in my child being expelled from this activity and that I would have to provide a method of transportation to remove my child from this activity.

In the event of an emergency, I hereby authorize the above representatives to employ a licensed doctor to render medical service which may, in the sole discretion of the doctor, be necessary. I further authorize said representatives to take my child to the hospital if it should be necessary and agree that I will pay all medical bills.

Signed and Approved by: _____ Date: _____
Parent or Legal Guardian

Home Phone: _____ Work Phone: _____

Insurance Company and Policy Number: _____
This Information is REQUIRED

I pledge my full cooperation as a participant in this 4-H activity.

4-H member signature _____ Date: _____

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