



Release, Consent and Wavier of Liability

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In consideration for my child's participation in the Connecticut 4-H program at the University of Connecticut (the "Program"), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Program, the University of Connecticut, the University of Connecticut Board of Trustees, the State of Connecticut, the Connecticut Board of Governors, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child (hereinafter "my child" or the "Participant"), or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted.

Identification and Acknowledgement of Risk

I understand that some activities and events may have inherent risks to my child by participating, and that 4-H project animals are shown at the risk of the 4-H member. I am fully aware of the risks and potential hazards connected with participating in the Program, including but not limited to, the risk of loss of personal property from theft, injuries associated with and other injuries that may not be foreseeable, and I hereby elect for my child to voluntarily participate in the Program and engage in such Program Activities knowing that they may be hazardous to my child and my property. All participants in this Program will be immersed into the University of Connecticut community on and off campus. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by my child, or any loss or damage to property owned by me, as a result of my child being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

Consent to Release Participant from Program

I understand that I am responsible for providing up-to-date emergency contact information and for escorting or making arrangements in writing for my child to be escorted to and from the Program. I understand that my child will not be permitted to leave the Program with an unauthorized person, unless I grant my child written permission to travel to and/or from the Program and check out independently at the conclusion of the Program. I further understand that the University is not responsible for participants who are authorized by their parent/guardian to leave the Program without adult supervision.

IN SIGNING THIS PARTICIPANT RELEASE, CONSENT AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Participant Release, Consent and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

By Entering my Name I agree to the Above Release

Member Name

Date

Parent Name

Date

The University of Connecticut complies with all applicable federal and state laws regarding non-discrimination, equal opportunity and affirmative action, including the provision of reasonable accommodations for persons with disabilities. Extension program participants with disabilities may request reasonable accommodations to address limitations resulting from a disability. For more information, please contact the UConn Extension Civil Rights Liaison at extensioncivilrights@uconn.edu.