UNIVERSITY OF MARYLAND
MARYLAND COOPERATIVE EXTENSION

PARENTAL RELEASE AND INFORMED CONSENT FORM

PROGRAM: Maryland State 4-H Teen Focus Conference **DATE(S): June 24-26, 2008**

My minor child, as listed below, has my permission to fully participate as a representative of the Maryland Cooperative Extension (MCE) Maryland 4-H Youth Development Program in all activities associated with the above named program.

In connection with and consideration of my child's participation in the Program, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity. There is potential for accidents and/or injuries arising from:
   a. participating in activities and associated with this program.
   b. transportation by public carrier such as Metro, and/or bus; commercial carrier, or vehicle driven by a MCE volunteer or MCE staff member.
   c. residing in a dorm room with youth and/or adults of the same gender.
   d. use of campus recreational facilities.
   e. fire and/or weather-related events.
   f. terrorism attacks while participating or traveling to and from activities.
   g. walking to and from program events on the UMCP campus.

2. I understand that my child is not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release.

3. I represent and warrant that my child has no physical, health related or other problems that would preclude or restrict his/her participation in the Program or otherwise render his/her participation dangerous or harmful to oneself or others. I further represent and warrant that my child has adequate medical, health and/or other insurance for participation.

4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the Program and it's related activities.

5. I agree that my child must abide by all rules and regulations applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result of illness or injury associated with the Program and/or it's related activities, I consent to such first aid and/or treatment.

6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Maryland Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCE or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

_____ _____

Signature of Parent/Guardian Having Care and Custody of Participating Child Date

Name of Parent/Guardian: _____ Emergency Telephone: (____) _____

Participating Child's Name: _____ Signature: _____ Age: _____