



Permission to Participate Kentucky 4-H Natural Resources and Environmental Sciences Academy

I give permission for my child, _____, to attend and participate in the Kentucky 4-H Natural Resources and Environmental Sciences Academy as an ambassador. The academy is designed to teach youth about their natural environment. In the program, participants take part in hands-on investigations to learn about Kentucky’s water, forest, entomology, and wildlife resources. I understand that activities may include, but are not strictly limited to the following: overnight retreat, hiking, stream study/survey, forest study/survey, wildlife study/survey, and field trips during 1-day events.

I am aware and have discussed with my child that:

- Participating in activities or programs in an unsupervised or unsafe manner may result in injury;
- Other participants may act in a negligent manner which may result in harm to themselves or others;
- While driving or being transported to Kentucky 4-H events, my child may be in a collision with another automobile, person, animal or object which may result in harm;
- Certain risks associated with outdoor activities could occur, including but not limited to, poisonous plants, stinging and/or biting insects, wild animals and reptiles.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participant or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedures, which will be outlined by the 4-H professionals and volunteers prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and scheduled events.

I grant permission for my child to participate in all academy activities and learning opportunities despite the possible risks. I recognize that by participating in these activities, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

4-H Members Signature

Date

Parent/Guardian’s Signature

Date