



Twin Lakes 4-H Camp

Kitsap County

Informed Acknowledgement of Hazards and Risks Connected with Participation at: Twin Lakes 4-H Camp

WARNING

YOUTH FORM (To be read & signed by youth and parent/guardian)

Participation in the Twin Lakes 4-H Camp Program may involve the possibility of injury or death to you or others. Such injury includes but is not limited to: Bee Stings, Falls, Falling Items, Drowning, Burns, Blisters, Insect Bites.

Any injury can impair your physical or mental health. This could affect your future, including the ability to make a living, engage in business, participate in social and recreational activities, and to enjoy life. The purpose of this WARNING is to tell you about the dangers associated with your voluntary participation in the Twin Lakes 4-H Camp Program.

This WARNING does not list everything. You must learn about the potential risks and ask questions so you or your parents or guardians will make the appropriate, informed decision for you. If you decide to participate in these activities, you must take responsibility for learning as much as possible about these activities and how to keep safe. You must inform those adults of any personal relevant medical conditions and obtain the permission of any relevant personal advisors, including your physician or counselor/therapist, before you choose to come to Twin Lakes 4-H Camp. You are not required to participate in these activities. Therefore, should you choose to participate, you are required to take a very active role in your safety. You are instructed not to participate in anything you do not regard as safe.

Acknowledgement of Hazards and Risks

I want to participate in the Twin Lakes 4-H Camp Program. By signing this document, I understand and promise:

- I understand my/my child's personal belongings are my/my child's own responsibility.
- I/My child agrees to follow all event rules and regulations.
- I/My child agrees to not use illegal drugs, alcohol or tobacco while involved in this event.
- I agree that any costs incurred for such emergency medical care will be my responsibility.
- I agree that as consideration for allowing me/my child to participate in camp, I will not hold Washington State University or any part of it nor the State of Washington, or any of its officers, employees, agents or accompanying 4-H Volunteers for what happens to me/my child at camp. I accept full responsibility for any injuries that may occur as a result of my/my child's participation in camp.
- I have read and understand this document, have considered it carefully, and agree to it.
- I have had a chance to ask questions and seek advice.
- I have informed 4-H supervisors of any relevant physical/mental conditions.
- I am age 18 or over. If not, my parents/guardians hereby promise for me.
- I voluntarily choose to participate in 4-H camp.

Participant's Signature

Date

Parent/Guardian Signature (if minor)

Date

Inform ed Consent