



### **4-H MEMBER MEDICAL CONSENT AND RELEASE FORM**

(This form is to be completed by each member and brought to the activity or sent in with the registration. Additional copies of this form can be printed from our website. <http://kitsap.wsu.edu/4h/index.htm>)

**PLEASE PRINT:**

Last Name:	First Name:
Telephone Number	Parents Cell Phone Number
Other Number where parent/Guardian can be reached during this event:	
Address:	
City/State/Zip4-H:	
4-H Club:	

As parent/legal guardian of the above individual, I permit the individual to attend and participate in: \_\_\_\_\_

I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may have or accrue against Washington State Kitsap County Extension, their representatives, agents and accompanying 4-H leaders, arising from any injuries, physical or mental, suffered in connection with 4-H Youth Development Program sponsored activities

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Event organizer to hospitalize and secure proper treatment (including surgery for my child).

I have read, understand and agree to the above listed statement and do sign his agreement of my own free will.

Parent/Guardian Signature:	Date:
Home Phone:	Work Phone:
Name of Medical Insurance Carrier:	
Medical Insurance Identification Number:	