

University of Illinois
4-H MEMORIAL CAMP
Monticello, Illinois

INFORMED CONSENT/LIABILITY RELEASE
Challenge Course and High Adventure Activities

I, (print name) _____ hereby confirm that I understand and agree with each and all of the following statements regarding participation in the Challenge Course and High Adventure Activities at the University of Illinois 4-H Memorial Camp. I am aware and understand that participation in a challenge course program is physically challenging, potentially dangerous and involves risk of injury, serious injury, and/or death. Participation is strictly optional.

1. I understand that the program or any part of it may have to be cancelled or re-scheduled on short notice due to unforeseen circumstances, including but not limited to bad weather. In such cases, the program may be re-scheduled.
2. I shall hold harmless the University of Illinois, the University of Illinois 4-H Camp, it's employees, it's instructors, activity and/or program leaders, and all others involved in planning, organizing, and conducting this activity/program from any and all claims, including but not limited to claims of injury or loss of life and property that may occur arising out of my participation in this program. I shall exercise caution and solely accept full responsibility for any injuries and/or loss that may occur to me, or my property; as well as injury or harm to others or their property, which are my fault.
3. I acknowledge that, despite knowing the potential for harm, I am still a willing participant in the activity/program.
4. I further acknowledge/confirm that the University of Illinois is not responsible for any lost time or lost wages I may suffer as a result of my participation in this activity/program.

NAME (please print) _____

Mailing Address: _____

Program Date: April 21-23, 2017 **Group:** RYLA

Health History – Voluntary Disclosure:

The purpose of collecting this information is to ascertain your ability to participate safely in this activity.

1. Would you describe your current physical fitness and activity level as either:

LOW MEDIUM HIGH

2. Is there a medical condition you should disclose prior to engaging in this activity which may effect your participation, including but not limited to a heart condition; pre-existing injury to an ankle, knee, or back; any medications that could impact your health or safety; and/or any allergies you may have (food, insects, bees, medications, etc.)

No Yes Details: _____

In case of Emergency notify:

Contact:(Name) _____ Relationship: _____ Phone Number: _____

Participant Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

(If participant is under 18 years old)

Photo, Video, and Audio Release

I grant the University of Illinois Extension 4-H youth development program, the permission to record and/or disclose my (or my child's when noted below) identity, including, but not limited to photograph, image, likeness, and voice ("Identity") and to use, reproduce, and distribute video and/or sound recordings, films, photographs, transparencies or other recordings of me (or my child when noted below) arising out of

_____ Team Challenge Activities _____

Such use, reproduction, and distribution may be done in whole or in part in any media for any purpose on behalf of University of Illinois Extension, such as in Extension publications, webpages, social media or to otherwise promote Extension programs in posters, audio/video presentations or other displays. My (or my child's when noted below) identity may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Extension programs.

In addition, I waive all claims to compensation or damages based on the use by the University of my (or my child's when noted below) identity. I also waive the right to inspect or approve the finished photograph, video or audio recording, or other recording.

I understand that this release is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I have the full right and authority to grant this release and that I am at least 18 years of age. I further attest that I have read this release form and full understand its contents.

Name of Subject

Parent or Guardian's Name (If subject is a minor)

Address

Address

City State Zip

City State Zip

Subject's Signature

Parent or Guardian Signature (If subject is a minor)

Date

Date

8/2012



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EXTENSION



University of Illinois • U.S. Department of Agriculture • Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
The 4-H Name and Emblem are Protected Under 18 U.S.C. 707.