

Note to 4-H club leader: this form to be returned to WSU Thurston county Extension Office

**WASHINGTON STATE UNIVERSITY (WSU)  
4-H CLUB ACTIVITIES  
For Parents or Guardians of Participants Under 18 Years of Age  
For the 4-H Club Year of October 1, 2009 to September 30, 2010**

**ASSUMPTION OF RISK**

I understand that there are risks in participating in 4-H club member activities which include attending club meetings, hands-on project work, fundraisers, community service, preparing for and participating in county fair qualifiers, spring fairs, county fair, and state fair at the Thurston County 4-H Club activities of Washington State University (WSU).

**In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.**

Risks in participating in the 4-H Club activities (attending club meetings, hands-on project work, fundraisers, community service, preparing for and participating in county fair qualifiers, spring fairs, county fair, and state fair), include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Club activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

**RELEASE OF LIABILITY**

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS        DAY of        ,        .

Name of Parent or Guardian (Printed)

\_\_\_\_\_  
Signature

Name of Minor (Printed):