

- Original must be filed with the 4-H Educator prior to the trip.
- Leader/Volunteer keeps one copy of this form.

Check those that apply: **Overnight Trip** **One Day Trip**

Member's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: _____

I, parent or legal guardian of _____, a minor child/youth, in consideration of said child/youth being permitted to participate in

_____ on _____

Organized by _____

Hereby agree as follows:

1. I and said child/youth have been provided and understand the schedule, itinerary and rules for said trip.
2. I understand that said child/youth is to abide by the rules of the Member Code of Conduct and that if said child/youth violates any of these rules or demonstrates conduct during this field trip that is otherwise unacceptable to 4-H, he/she will not be allowed to participate in this or any future trip activities.
3. I give permission for the above named child/youth to participate in all activities and events on this trip with the assistance of a screened volunteer(s). I understand there are unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted upon my child/ward. I release and hold harmless 4-H, the University of Massachusetts and any of its authorized personnel involved in any way with this trip in which my child/ward is participating. I agree that except in the event of willful neglect or willful injury inflicted by 4-H staff or a volunteer, I will bring no claims, demands or litigation against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child/ward arising from or in relation to participation in this trip.
4. I hereby give my permission for the above named child/youth to participate in the above named activity. I have read the information contained herein, have provided any required information, completed and signed 1.) a Participant Health Form, 2.) a Permission and Liability Form and 3.) a Member Code of Conduct Form. In case of emergency, I hereby give my consent for necessary examination and treatment as prescribed by an attending physician.

Member's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____

(In case of joint custody, both parent's signatures required.):

_____ Date _____

_____ Date _____

Received by: Enrolled 4-H Volunteer A/O 4-H Extension Educator:



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