



Idaho Outreach to Military Kids 2015 Activity Registration

Full Name: _____ M or F

Age: _____ Birthdate: _____

Full Name: _____ M or F

Age: _____ Birthdate: _____

Full Name: _____ M or F

Age: _____ Birthdate: _____

Full Name: _____ M or F

Age: _____ Birthdate: _____

Contact Information:

Parent(s): _____

Street Address: _____

City, State, Zip Code: _____

Phone Number (s): (_____) _____

E-Mail: _____

Emergency Contact Number: _____

Military Affiliation: _____

Acknowledgement of Risk and Waiver of Liability Parent/Guardian Permission

I, the undersigned, am aware that participation in the OMK Events (Activity) may include activities that are risky and dangerous. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including mortal injury, may occur: being outside or in the presence of inclement weather conditions including, but not limited to rain, wind, and cold, transit to or from the Activity location and other activities during the event; use of walkways, paths and trails in the condition in which they are found; staying overnight in cabins, rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to associate with the program, I hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, The Regents of the UI, their agents, employees and volunteers from all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with me/my dependant's participation in any activities related to the OMK activity.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby certify that, with or without accommodation, I/my dependant is in good health and I know of no medical reason why he/she is not able to participate in this program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that he/she may sustain while participating in any activity associated with the O:MK event.

I accept and will abide by the activity leader's directions and rules of conduct. I understand that disregard for these rules and not abiding by the leader's direction may be considered grounds for removal from the activity, forfeiture of fees,

and prompt return home at my/parent expense. I understand that any insurance provided through this program provides only limited protection for injuries which occur while participating and that I am responsible for all medical expenses not covered by program insurance.

I agree that you may photograph me/my child during, and in connection with O:MK Activity. I agree that you shall be the exclusive owner of the photograph/digital/voice/sound images and all copyright and other media rights. I agree that you may use these images/sound/voice/ photograph in any media you wish related to the O:MK Activity.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

As a parent/legal guardian, I have read this participant application and accept its conditions.

Participant Signature/Date

Name of Parent or Legal Guardian

Parent/Guardian Signature

Daytime Telephone: _____

Evening Telephone: _____

Participant's Medical and/or Accident Insurance Company: _____

Policy/Group #: _____

Identify any food allergies, allergies, or medical conditions of participants that should be shared in consideration of the events that they will be participating in:

Contact Information:

Outreach to Military Kids
University of Idaho Ext. 4-H Youth Development
322 E. Front St./ Ste 390
Boise, ID 83702

Office: 208-334-2332
Fax: 208-364-4084
Email: omk@uidaho.edu



University of Idaho
Extension