

The Undersigned hereby certify that, with or without accommodation, the participant named above is able to perform the essential functions of the Activities, and does not present a danger to the participant or others and the undersigned know of no medical reason why the participant is not able to participate in the Activity or Activities, Events, Clinics and Classes. The undersigned hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that she/he may sustain while participating in any activity associated with the above named Activities and any events, clinics and classes associated with the Activity or Activities.

The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life camp accident policy.

If the participant named above has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, the undersigned will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity.

Whether or not the participant named above is a student, the participant will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/ish/2300.htm>; the behavioral expectations of the Activity; and all applicable local, state and federal laws. Failure to do so may be considered grounds for denying participation in the Activity.

The parent/guardian signing below agrees that the UI may photograph or video any of the undersigned during, and in connection with, the Activity. The undersigned and each of them agree the UI shall be the exclusive owner of all images and all copyright and other rights in the images. The Undersigned agree that the UI may use any image in any media related to the University of Idaho. If the undersigned parent/guardian **DOES NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES AS SET FORTH IN THIS PARAGRAPH, CHECK HERE ( )**.

The undersigned parent/guardian ( ) does ( ) does not (please check one) authorize the University of Idaho to use the contact information set out above to inform the undersigned or either of them of upcoming university events and activities.

The undersigned parent/guardian does give permission for the below signed participant to participate in all 4-H activities.

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

<b>PARTICIPANT'S SIGNATURE</b>	<b>PARENTS/GUARDIANS SIGNATURE</b>
Participant's Name (PLEASE PRINT):	Parent/Guardian Name (PLEASE PRINT):
Participant's Signature: X	Parent/Guardian Signature: X
Date:	Date: