UNIVERSITY OF MARYLAND
MARYLAND COOPERATIVE EXTENSION

OVER 18 RELEASE AND INFORMED CONSENT FORM

PROGRAM:_____ DATE(S): _____

I wish to participate as a representative of the Maryland Cooperative Extension (MCE) Maryland 4-H Youth Development Program in all activities associated with the above named program.

In connection with and consideration of my participation in the Program, I, on behalf of myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity. There is potential for accidents and/or injuries arising from:
   a.
   b.
   c.
   d.
   e.

2. I understand that I am not in any way required to participate in the Program, but I want to participate, despite the possible dangers and despite this Release.

3. I represent and warrant that I have no physical, health related or other problems, which would preclude or restrict my participation in the Program or otherwise render my participation dangerous or harmful to them or others. I further represent and warrant that I have adequate medical, health and/or other insurance for participation.

4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my physical condition and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my participation in the Program and related activities.

5. I agree to abide by all rules and regulations applicable to participation in the Program.

6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Maryland Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCE or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

_____ _____
Signature of Participant Date

_____ _____
Printed name of Participant Date of Birth

Equal opportunity employer and equal access programs.