



**RELEASE AND INFORMED CONSENT FORM
ADULT (AGE 18 & OLDER)**

EVENT NAME: _____

EVENT DATE(S) & LOCATION: _____

I wish to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named event. In connection with and consideration of my participation in the Event 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 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 Event and related activities. These risks and hazards include but are 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 death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
 - Participating in activities associated with this Event.
 - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
 - Residing in a hotel/dormitory or other housing with adults of the same gender.
 - Use of lodging facilities pool, exercise, and/or other recreational facilities.
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
2. I understand participation in the Event is purely voluntary and I am not in any way required to participate. I want to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if I have any health or medical conditions that may affect my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants; and I represent and warrant that I have adequate medical, health and/or other insurance.
4. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my physical condition(s) and limitations, 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 Event and/or 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, University of Maryland 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 Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

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

Signature of Participant

Date

Printed Name of Participant:

Date of Birth

MEDIA RELEASE

I do hereby consent and agree that the Maryland 4-H Youth Development Program may take photographs and/or video/audio recordings of me/my participation in this Event. I consent that Maryland 4-H Youth Development and University of Maryland Extension may use any such photographs or recordings for educational and/or promotional materials. I further consent that my name may be revealed in such materials by descriptive text or community. I hereby release to the Maryland 4-H Youth Development Program all rights to exhibit this work publicly or privately, including posting it on the Maryland 4-H Website and associated social media platforms. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video or audio recordings, and agree that any uses described herein may be made without compensation or additional consideration.

Signature of Participant

Date

University of Maryland Extension programs are open to all citizens without regard to race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression.