

**WASHINGTON STATE UNIVERSITY (WSU)  
Lincoln-Adams Area Club and County 4-H Programs**

For Participants and Parents of Minor Participants

**ASSUMPTION OF RISK**

I understand that there are risks in participating in educational and recreational activities at Washington State University (WSU) 4-H events.

**In consideration for and as a condition of being allowed to participate in voluntary 4-H activities, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to myself/my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.**

Risks in participating in Lincoln or Adams County WA club or area 4-H Program meetings, recreational activities, and educational events, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from 4-H activities that cannot be specifically listed. Further, I recognize that the actions of other participants in 4-H activities may cause harm or loss to myself/my child or property.

**RELEASE OF LIABILITY**

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of myself/my child, as a result of or connected with participation in the above events. My my/child's participation includes, but is not limited to, travel to and from 4-H events in a private or public vehicle, any activity connected with the events, and use of state equipment or facilities for 4-H events whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS \_\_\_\_ DAY of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name or minor participant (Printed)

\_\_\_\_\_  
Name of Parent or Guardian for minor participant (Printed)

\_\_\_\_\_  
Name of Participant 18 years or older (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature