

**Arkansas Outdoor School Health & Activity/Release Form**

(This form will be kept confidential)

**PLEASE USE INK PEN TO FILL OUT FORM**

School/Group: \_\_\_\_\_ Program Date: \_\_\_\_\_

Participant Information	Emergency Contact Information
Name: _____ Last                    First                    Middle	Name: _____ Last                    First
Address: _____	Phone: _____ Alt. Phone: _____
City/Town: _____ Zip: _____	Relation to Student: _____
Date of Birth: _____ F _____ M _____	

**Statement of Understanding/Release**

The Arkansas Outdoor School program strives to create a positive outdoor educational experience for learners of all ages through objective-driven, experience-based activities. Participation in the A.O.S. programs at the Arkansas 4-H Center may involve certain activities that are physically demanding, including but not limited to: swimming, canoeing, rock climbing, hiking and archery. I am aware in signing this statement that I recognize that there is a significant element of risk in any activity, sport or adventure associated with these outdoor activities. Knowing the inherent risks, dangers and rigors involved in the activities, I certify I or my minor child, is fully capable of participating in these activities. I understand and agree that I or my child has the personal responsibility to follow the established safety rules and procedures to the extent that he or she participates in such activities. By signing below, I agree I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service or its employees for any injury or damage that I or my child received while being transported or participating in the Arkansas Outdoor School programs or activities.

**Publications, Video, Internet Permission**

The Arkansas Cooperative Extension Service normally takes photographs, video and/or tape recording of our programs, including the Arkansas Outdoor School programs and its activities. During activities, a photograph or video/audio recording may be taken of you or your child. By signing below, I give permission for the Arkansas Cooperative Extension Service to use my child's picture, art, written work, voice, image, verbal statements in any medium now known or developed in the future without any restrictions for use in any promotional or education purposes.

**Emergency Medical Information/Medical Authorization**

Does participant have allergies-  Yes  No Explain: \_\_\_\_\_  
 Including food (ingested/airborne-please mark)

Does participant have any physical  Yes  No Explain: \_\_\_\_\_  
 limitations that might limit participation?

Is participant presently taking  Yes  No Explain: \_\_\_\_\_  
 medication? Please list.

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. By signing below, I agree that the health history listed herein is true and correct, and I further authorize: 1) an attending physician and/or attendant health service staff to employ such diagnostic procedures and medical treatment as necessary; and 2) medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims. I also understand and agree that I am financially responsible for charges not covered by the event insurance and hereby guarantee full payment to the attending physicians and/or health care units.

\_\_\_\_\_  
 Date                      Parent or Legal Guardian's Name (please print)                      Parent or Legal Guardian's Signature