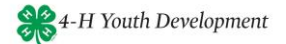




University of Kentucky  
College of Agriculture,  
Food and Environment  
Cooperative Extension Service



**HCP Approval Stamp**

**Kentucky 4-H Camping 2020**  
Camp Participant Registration – *Adult Volunteer*

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Email Address:
Shirt Size: (Select One) AS AM AL AXL A2XL A3XL A4XL		County:	Date of Birth:
Participant's Home Address:			Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:

Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?

**Does the participant have health insurance coverage?**

- YES (*Attach a copy – front and back – of the insurance card in the boxes below. Use tape; DO NOT staple.*)  
 NO (*No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.*)

**FRONT OF INSURANCE CARD**

**BACK OF INSURANCE CARD**





**PARTICIPANT NAME:** \_\_\_\_\_

**AUTHORIZATIONS/RELEASES**

*This is a legal document. You must read and understand it before signing.*

**MEDIA RELEASE:**

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

**CONSENT TO TREAT:**

I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant’s prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

**CODE OF CONDUCT:**

I have read and reviewed the adult volunteer position description and volunteer expectations. I understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:**

I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release Kentucky 4-H Camp, the University of Kentucky, Kentucky State University, and its members, trustees, officers, employees, independent contractors, volunteers and extension staff from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary, always, and I will choose my level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration).

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Are you looking to buy some camp gear? [www.4hcampstore.com](http://www.4hcampstore.com)**

**Are you looking for more volunteer opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)**

