



Iowa 4-H Connect Retreat Registration Form

Keep original in County Office'

4-H County staff and partners: If this young person is not a 4-H member, they will need to enroll through 4HOnline before registering them for the event. Paper copies of the enrollment forms are available on the connect webpage, www.extension.iastate.edu/4h/connect.

PARTICIPANT INFORMATION

Participant's Name	
Participant's 4-H County	
T-Shirt Size (Adult Sizes)	

**staff, please be sure image permissions are complete and up-to-date in 4Honline.*

AFFILIATION

What group is this participant associated with? _____

ADDITIONAL INFORMATION

Please indicate your first, second, and third choices for topics of interest to you:

- Apparel, Merchandising and Design
- Event Management
- Agriculture
- Engineering
- Human Sciences
- Business
- Food and Nutrition
- Journalism and Communications
- Kinesiology and Athletic Training
- Medicine
- Law
- Design
- Veterinary Medicine
- Chemistry
- Global Resource Systems
- Hospitality Management
- Theater
- Education
- Paying for College
- Succeeding in College
- ISU Honors Program
- Greek Life at ISU
- Exploring 4-H

Additional Comments or items we should note about the youth participant:

RETURNING PARTICIPANT INFORMATION

As a returning participant, I am interested in the following leadership opportunities:

- Introduction of keynote speakers (Meet speaker prior to presentation and introduce using script)
- Reciting of 4-H Pledge in English
- Reciting of 4-H Pledge in a language of your choice.
- Workshop guide (lead groups to/from their workshops, support a welcoming atmosphere)
- Team Leader for cabin meal assignments

INSURANCE POLICY INFORMATION

Is above-named participant is covered by health insurance? Health insurance is not required to participate.

- No (I understand I or my family is financially responsible for any medical treatment arising from participation, other than those covered by an ISU Extension and Outreach excess coverage accident insurance plan).
- Yes (If yes, provide the following information to expedite treatment and to facilitate the billing process in case of emergency).

Policy Holder's Name	
Insurance Company's Name	
Insurance Policy #	
Insurance Plan #	

If a youth will need medication to be administered during the course of the event please submit a medication form 4H-3039C at: www.extension.iastate.edu/4h/connect.

CHAPERONE INFORMATION (FOR ADULT CHAPERONES TO FILL OUT ONLY)

Group You Are Chaperoning:	
How is your group traveling to Ames and from campus to Clover Woods Friday? (number/type of vehicles, or "unknown" if undecided:	

I am the parent or legal guardian of this participant, and grant permission for his/her participation in the travel to Iowa State University, Ames IA and Clover Woods Camp, Madrid IA. Participant activities include, but are not limited to travel, outdoor activities, indoor workshops, campus tours, overnight camping. This Parental Permission Agreement must be read carefully and signed by all participants and the parent or legal guardian of each participant who takes part in the 4-H Connect Retreat. Please read this parental permission and participation agreement carefully.

In consideration of Iowa State University Extension and Outreach and the 4-H Program allowing my child to participate in the: 4-H Connect Retreat, I agree and understand the following:

Participation in the 4-H Connect Retreat travel to Iowa State University Campus, Clover Woods Camp, Madrid IA, is a voluntary activity with 4-H. The trip is paid for in cooperation by the local County Agricultural Extension District 4-H program, Iowa 4-H Youth Development Program, and Iowa 4-H Foundation. It is important for all parents and guardians of participants to have information regarding the travel and carefully consider their permission for participation in this activity for their child.

Parents should read and make themselves informed about the destination, purpose of trip, travel and housing arrangements as well as the safety and security of this location.

Health Condition of the Participants – By checking this section, you agree and understand that:

- Your child has the physical fitness and ability to participate safely in the activities and that your child will participate within their ability and skill level.
- ISU Extension and Outreach provides a basic accident/injury insurance policy for your child. This is an excess coverage policy. You will bear all financial responsibility for any medical treatment arising from participation in this travel/program not covered by this policy.
- ISU Extension and Outreach and the 4-H Connect Retreat leaders reserve the right to require that you withdraw at any time when, in their sole judgment, it is not physically safe to continue participating.

- To furnish your Iowa 4-H Club sponsoring this activity with a health statement that includes health history, emergency medical permission signatures, and health insurance information.
- To inform the program supervisor of any medication, ailment, condition, or injury that may affect your performance in the activity.

I give my permission for the above named individuals to participate in the 4-H Connect Retreat. I hereby RELEASE FROM LIABILITY, IMDEMNIFY, and HOLD HARMLESS the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, ISU Extension and Outreach, and County Agricultural Extension Districts, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, costs or other expenses or liabilities incurred by me and anyone accompanying me, (including minors I am responsible for during this event), that occurs as a result of my or my child’s voluntary participation in this program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

By signing this release and waiver of liability, I state that I have read and understand the conditions set forth in this release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date	Participant Name (please print)
	Participant Signature
	Signature of Parent or Guardian (if Participant is under age 18)

This Iowa 4-H Parental Permission and Participation Agreement shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

IOWA STATE UNIVERSITY

Extension and Outreach

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