**Iowa 4-H Youth**

**Water Activity Release Form**

The (name of club here) 4-H club on (date of event here) to (specific event and location here) may include swimming or other water activities (i.e. canoeing, swimming). Before members can participate in water activities, this form must be signed and on file. Participant’s ability to swim and parental permission are indicated below.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Print Clearly)**

🞎 I know how to swim and can swim at least one length of the pool.

🞎 I DO NOT know how to swim.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Requirements.**  Participant must be healthy and reasonably fit to safely participate in water activities.

By signing this release form, the Participant **and** Parent/Guardian agree:

1. That Participant has the requisite physical fitness and ability to participate safely in water activities.
2. To inform the 4-H club leader, chaperones, and other supervisors of any medication, ailment, condition, or injury that may affect performance in the water activity.
3. To bear all financial responsibility for any medical treatment arising from participation.
4. That if an injury or other medical condition occurs or arises, a 4-H club leader, trip chaperone, or other ISU representative has permission to provide routine first aid or seek emergency treatment including x-rays or routine tests. In an emergency situation, the club leader, trip chaperone, or other ISU representative has the authority to secure treatment, including hospitalization and to contact the individual(s) listed in the emergency contact form.
5. To the release of any record necessary for treatment, referral, billing or insurance purposes.

I hereby assume all risks for my child’s personal injury (including death) that may result from any water activity. I do hereby release the State of Iowa; Board of Regents - State of Iowa; Iowa State University, the Iowa 4-H program, and the (county name here) County Agricultural Extension District and their officers, employees, and agents from all liability, including claims and suits at law or in equity, for loss, damage or injury, fatal, or otherwise which may result from my child taking part in water activities while attending the (name of club and event here).

🞎 My child **has permission** to participate in swimming activities while attending the (name of club, event and location here)

🞎 My child **has permission** to participate in other water activities while attending the (name of club, event and location here)

🞎 My child **DOES NOT have permission** to participate in water activities while attending (name of club, event and location here)

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Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Print Clearly)**

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_