





Kentucky 4-H Camping 2024

Camp Participant Registration – Adult Volunteer

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Last Name:	Legal First Name:	Middle Name:	Preferred Name:
		<u></u>	
Attended camp before?	Biological Sex:	Cell Phone Number:	Date of Birth:
☐ Yes - # years:	☐ Male		
□ No	☐ Female	- 4 - 11	
Shirt Size: (Select One) AS AM AL AXL A2XL	A3XL A4XL	Email Address:	County:
AS AW AL AAL AZAL	AJAL A4AL		
Participant's Home Address:		☐ Yes - I would like to receive	Participant's Race:
		email notifications of	☐ White
		upcoming statewide Camp-	☐ Black
		Sponsored Events and Promotions at the email	☐ Asian
		address listed above.	☐ American Indian
			☐ Hawaiian
			☐ Other
			Participant's Ethnicity:
			☐ Hispanic
			☐ Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:
		accommodations, or information	on which the staff should be made aware
of to provide a better camp expe	rience for the participant?		
Does the participant have heal	th incurance coverage?		
☐ YES (Insert a JPEG or PNG)		surance card in the hoxes helo	ao 1
□ NO	file - from and oden of	William on the cones co	w.)
☐ ACTIVE DUTY MILITARY	(not required to provide a com	of Military ID/Insurance Car	·A)
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FRONT OF INSU	RANCE CARD	BACK O	OF INSURANCE CARD
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Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







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 the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns 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, bu

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

Participant Signature:	 Date:

Are you looking to buy some camp gear? www.4hcampstore.com

Are you looking for more volunteer opportunities? www.4hcampevents.com

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Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development



