



UNIVERSITY  
of ALASKA  
*Many Traditions One Alaska*

ACKNOWLEDGMENT OF RISKS, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT  
COOPERATIVE EXTENSION SERVICE 4-H PROGRAM

PRINT CHILD'S NAME \_\_\_\_\_ COURSE/ACTIVITY DATE(S) \_\_\_\_\_

COURSE/ACTIVITY TITLE \_\_\_\_\_

In consideration of the services of the University of Alaska, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (collectively referred to as "UA"), I have read, understand, and agree to this Acknowledgment of Risk and Release of Liability agreement, and I confirm its representations and all its provisions.

I acknowledge the course or activity in which I have enrolled my child has risks, including certain risks that cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death to my child. I understand that UA does not want to frighten my child or me or reduce our enthusiasm for this activity, but thinks it is important for us to know in advance what to expect and to be informed of the activities' inherent risks.

I am aware that this course or activity includes risks of injury or death to my child. I understand the description of the course/activity is not complete and that other unknown or unanticipated risks may result in property loss, injury or death to my child. I agree to assume responsibility for all the risks associated with this course or activity. My child's participation in this activity is purely voluntary, no one is forcing her/him to participate, and I elect to permit my child's participation in spite of and with full knowledge of the risks.

I have verified with my physician and other medical professionals that my child has no past or current physical or psychological condition that might affect her/his participation in the course or activity. I authorize UA to obtain or provide emergency hospitalization, surgical or other medical care for my child.

I agree that this Acknowledgment of Risks, Release of Liability and Indemnity Agreement is governed by the laws of the State of Alaska. Further, any suit or administrative proceeding arising out of or relating to my child's enrollment or participation in this course or activity or any other dispute with UA must be filed or entered into only in the State of Alaska.

In consideration of UA's allowing my child to participate in the course or activity, I agree on my own behalf to release UA from any claim I may have because of injury or loss suffered by my child, including injury or loss claimed to be caused by the negligence of UA. In addition, I agree on my own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by my child or by anyone on my child's behalf, or by any member of my child's family, my child's personal representative, or by another course or activity participant, arising out of my child's enrollment or participation in the activity. This indemnity includes claims of UA's negligence or other culpable conduct, but not its intention to injure my child.

SIGNATURE (4-H MEMBER): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE (PARENT OR GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME (PARENT/GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTION: Original – CES Department Photocopy - Participant