



4-H SPIN CLUB YOUTH ENROLLMENT



NAME: LAST FIRST MI PARENT'S NAME

CONTACT PHONE: EMAIL:

4-H SPIN CLUB NAME:

STREET CITY ZIP

GENDER: FEMALE MALE
PREFER NOT TO ANSWER

AGE:

FAMILY'S CURRENT MILITARY AFFILIATION

If any, please check all that apply)

I LIVE: (Choose one answer)

- ON A FARM
RURAL AREA OR TOWN UNDER 10,000
TOWN OR CITY OF 10,000 TO 50,000
SUBURB OF CITY OVER 50,000
CITY OVER 50,000

RACE:

- WHITE
BLACK
AMERICAN INDIAN/ ALASKAN NATIVE
ASIAN
NATIVE HAWAIIAN
OTHER PACIFIC ISLANDER
TWO OR MORE RACES
PREFER NOT TO ANSWER

ETHNICITY: (Choose one answer)

- HISPANIC OR LATINO
NOT HISPANIC OR LATINO
PREFER NOT TO ANSWER

Table with 4 columns: Military Affiliation, ACTIVE, RESERVE, GUARD. Rows include ARMY, AIR FORCE, NAVY, MARINES, COAST GUARD.

ASSUMPTION OF RISK AND RELEASE. I/We, the undersigned, certify that the above named child is in good physical health and able to participate in the above activity. I/We further understand that the University of Hawai'i does not provide medical or liability insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Hawai'i 4-H Youth Development Program. I/We understand that participation in the Program is voluntary. In giving this consent, I/We understand that there are unavoidable and unforeseen risks in participating in the Program. I/We also acknowledge and have independently reviewed and assessed the risks. Knowing these risks, and in consideration of my child's participation, I/We agree, individually, and on behalf of my heirs, successors and personal representative(s) to assume all of the risks and responsibilities associated with my child's participation in the Program. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Signature of Parent or Guardian

Date

MEDIA RELEASE I/We give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permission to use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result in my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me. I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Signature of Parent or Guardian

Date