



Pacific County Fair

Washington State University 4-H Youth Development Parental Consent and Release

Participant:

| | | |
|-----------|------------|------------------|
| Last Name | First Name | Telephone Number |
|-----------|------------|------------------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

As a parent/legal guardian of the above individual, I hereby give my consent for the above-named person to participate in 4-H sponsored activities and exhibits at the Pacific County Fair and all related activities. I also hereby waive and forever discharge claims for damages which the above listed individual, his/her heirs, executors, and administrators may have against the Washington State University Extension, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities at the Pacific County Fair.

In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Pacific County 4-H Project Superintendent or their designated representative to hospitalize and secure proper treatment (including surgery) for my child.

I have read, understood and agree to the above statement and do sign this agreement of my own free will.

Parent/Legal Guardian Name (print clearly)

Parent/Legal Guardian Signature

Date

Address

City

State

Zip