



# ZOMBIE APOCALYPSE SURVIVAL SKILLS

## AFTER-SCHOOL CLUB

(a part of the OVER THE CLOVER CLUB)

### PRELIMINARY ENROLLMENT, PERMISSION FORM & LIABILITY WAIVER for the 2017-18 4-H YEAR



DATE: \_\_\_\_\_, 2017 **\*DEADLINE FOR PRELIMINARY ENROLLMENT: OCT. 6, 2017\***

#### MEMBER INFORMATION

NAME: \_\_\_\_\_  
First Last Preferred Name/Nickname

BIRTHDAY: \_\_\_\_\_ CURENT AGE: \_\_\_\_\_  
Month Date Year

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ YOUTH T-SHIRT SIZE: \_\_\_\_\_

My child has the following allergies and/or medical issues and/or dietary restrictions: \_\_\_\_\_

**YOU MUST LET YOUR 4-H LEADER/AGENT KNOW OF ANY ALLERGIES, MEDICATIONS, AND/OR ANY OTHER SPECIAL ACCOMODATIONS YOUR CHILD REQUIRES. IF YOUR CHILD REQUIRES MEDICATION(S), IT IS YOUR RESPONSIBILITY TO PROVIDE THE MEDICATION(S) WITH INSTRUCTIONS AND DOCTOR'S CONTACT INFORMATION TO YOUR 4-H LEADER/AGENT.**

#### IN CASE OF EMERGENCY:

In case of an emergency, contact these adults in this order:

1. NAME: \_\_\_\_\_  
First Last

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
First Last

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

#### PARTICIPANT'S INSURANCE INFORMATION:

NAME OF INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

## COLORADO 4-H CODE OF CONDUCT

All 4-H programs focus on youth and life skills development. Youth will be working individually and together in teams and will be responsible for some meeting/club decisions with Leader guidance. We expect members to engage/participate, be respectful and inclusive, have fun, and follow the **4-H Code of Conduct**:

4-H members, leaders, parents, and other youth and adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and be positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal responsibility for behavior including any property damage.
8. Be responsible for any financial costs associated with damage caused by inappropriate behavior.
9. Adhere to rules of safety.

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc. Behavior outside of 4-H activities can affect "member in good standing" or "volunteer in good standing" status. It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

CSU Extension provides unbiased, research-based information and programming and is dedicated to serving all people on an equitable and nondiscriminatory basis.


I agree to follow the 4-H CODE OF CONDUCT. \_\_\_\_\_

Youth Signature

Date

I reviewed and discussed the 4-H CODE OF CONDUCT with my child. \_\_\_\_\_

Parent Signature

4-H is a **community** of  
 **young people**  
**across America** who are learning  
**leadership, citizenship** and  
**life skills.**

## PERMISSION FOR YOUTH TO PARTICIPATE

My child \_\_\_\_\_ has my permission to  
Full Printed Name of Youth

participate in the 4-H ZOMBIE APOCALYPSE AFTER-SCHOOL CLUB (a part of the OVER THE CLOVER CLUB) from October 2017 – April 2018. The nine meetings will include various activities which may involve moderate physical exercise/games (tag, running, jumping, yoga, etc.), preparing food, crafts, science experiments, etc. I am aware of and have discussed the inherent risks and responsibilities of these activities with my child.

I (printed name of parent/guardian) \_\_\_\_\_, will:

1. Let the adult(s) in charge know of any allergies or other issues and will provide proper medication and instructions if necessary. \_\_\_\_\_ Initials
2. Pay the required annual dues and club fees or submit completed *Scholarship Request Form* at the first meeting. I understand that the Clear Creek County 4-H club member annual dues and fees are \$40 per child (\$15 for State, \$15 for County, and \$10 for Club). I also understand that it is my responsibility to request and submit the *Scholarship Request Form*. \_\_\_\_\_ Initials
3. Enroll my child in **4-H Online** by the County enrollment deadline of December 15, 2017. \_\_\_\_\_ Initials
4. Provide as much advanced notice as possible to the adult(s) in charge of any times my child will miss meetings. \_\_\_\_\_ Initials
5. Pick-up my child at the school from the club meetings by 5pm, arrange for another authorized adult to pick up my child from at school from the club meetings by 5pm, or will provide proof that my child is enrolled in the KidzKorner program at the Rec Center and authorize a 4-H Club Leader to bring my child to the Rec Center after all other club members are picked up. \_\_\_\_\_ Initials

**PERMISSION TO TAKE PHOTOS?** Colorado State University Extension in Clear Creek County may take and use photographs/digital images, video images, quoted remarks of my child for use in promotional or educational materials (these might include printed or electronic publications, web sites or other electronic communications), and list my child's name. YES  NO

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, THE STATE OF COLORADO, AND CLEAR CREEK COUNTY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER**

PARTICIPANT'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, Clear Creek County, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, **EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE**, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University; Clear Creek County and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this **Release From Responsibility, Assumption of Risk, and Waiver. If participant is under the age of 18, his or her parent or legal guardian must sign.**

I, (printed name) \_\_\_\_\_, am the participant listed above OR the parent or legal guardian of the participant listed above. I have read and I understand the provisions of this document, and acting on behalf of myself OR of the participant, I consent to myself OR the participant taking part in the activities described above, and I fully enter into and agree to the above **Release From Responsibility, Assumption of Risk, and Waiver** as authorized pursuant to C.R.S. section 13-22-107.

\_\_\_\_\_  
Signature of Participant (if 18 or older) OR Parent or Legal Guardian of Participant

\_\_\_\_\_  
Date

Colorado State University Extension in Clear Creek County provides unbiased, research-based information and programming in the areas of 4-H Youth Development, Horticulture, and Energy. We are dedicated to serving all people on an equal and nondiscriminatory basis.