

**Montana State University Extension 4-H  
Permission, Release and Assumption of Risk  
for Participation in 4-H Livestock Programs**

(Please print or type)

County \_\_\_\_\_ Date of Program: from: \_\_\_\_\_ to: \_\_\_\_\_

Project Name or Description: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**FOR PARTICIPANT**

I hereby request and apply to participate in the above listed Montana State University Extension Service 4-H Livestock Program. I agree that I will abide by all Extension Service 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in the project manual, safety guidelines manual, and/or specified by the course leader(s).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARENT(S) OR LEGAL GUARDIAN(S)**

As parent(s) or legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and requirements specified in the project manual, safety guidelines manual and assessment criteria provided for the above described Montana State University Extension Service 4-H Livestock Program. I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with the handling of livestock and participating in the 4-H Livestock Program. I/we also recognize and understand that some travel may be required and are aware of the risks associated with that activity.

I/we understand and agree that Montana State University and MSU Extension 4-H does not provide accident/medical insurance covering my/our child while participating in 4-H Livestock Programs. I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child's being permitted to participate in the 4-H Livestock Program, I/we hereby assume all the risks associated with participation and necessary travel. I/we agree to hold the State of Montana, Montana State University Extension 4-H, its trustees, officers, employees, agents, representatives, volunteers and/or any property or arena owner allowing Extension Service 4-H Livestock program activities upon his/her property harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in the MSU Extension 4-H Livestock Program. The terms hereof shall serve as a release and assumption of risk for myself/ourselves, my/our estate, executor(s), administrator(s), assignees and for all members of my/our family.

I/we hereby attest that I/we have carefully read the foregoing release, consent, and assumption of risk and sign this release, consent and assumption of risk of my/our own free will and accord. I/we also certify that I/we are lawfully empowered to enter into this release, consent, and assumption of risk.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_