



BARREN COUNTY MAY 27-30, 2025



HCP Approval Stamp

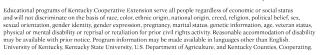
Kentucky 4-H Camping 2025 Camp Participant Registration – *Adult Volunteer*

			<u>-</u>	
Last Name:	Legal First Name:	Middle Name:	Preferred Name:	
Attended camp before? Yes - # years: No	Biological Sex: Male Female	Cell Phone Number:	Date of Birth:	
Shirt Size: (Select One) AS AM AL AXL A2XL	A3XL A4XL	Email Address:	County:	
Participant's Home Address:		Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic	
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:	
Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?				
Does the participant have health insurance coverage? (Check all boxes that apply) ☐ YES (Provide the required information below)				
Insurance Provider:	Polic	cy Number/Member ID:		
Provider's Phone:	Grou	up ID (if applicable):		
□ NO □ ACTIVE DUTY MILITARY				

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

Lexington, KY 40506









PARTICIPANT NAME: AUTHORIZATIONS/RELEASES			
MEDIA RELEASE: I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.			
CONSENT TO TREAT: I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.			
CODE OF CONDUCT: I have read and reviewed the adult volunteer position description and volunteer expectations. I understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.			
ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE: I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary, always,			

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature:	 Date:

Are you looking to buy some camp gear? www.shop4hcamp.com

Are you looking for more volunteer opportunities? www.4hcampevents.com *ENSURE THIS REGISTRATION FORM IS FULLY COMPLETED BEFORE RETURNING*

Cooperative Extension Service

shooting, horses, and cave exploration).

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Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, policial belief, sex, sexual orientation, gender identity, gender expression, pregnance, martil status, generic information, agreed release, properties of the program of the program information and status, properties for recent alkabelity or reprisal or reculation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kennacky Kennacky State University U.S. Department of Agriculture, and Kennacky Counties, Cooperating.

