

Name: _____ County _____
(Print First Name) (Print Last Name) (Name of county where your 4-H Office is located.)

WATER SPORT ACTIVITIES 2020 Youth Liability Waiver Form

To be completed for every delegate registering for water sport seminars.

WI 4-H & Youth Conference Water Sport Activities/Seminars, June 23-25, 2020

Parent or legal guardian of youth participating in water sports* during Wisconsin 4-H & Youth Conference must read and sign this document and return the completed form to your County 4-H Office along with your registration form. Your signature below indicates that you understand and agree to the terms of this waiver. If this has not been received at time of registration for Wisconsin 4-H & Youth Conference, your son/daughter **will not** be allowed to participate in those seminars.

In consideration of any and all privileges made available to my son/daughter (print son/daughter's name), by the Hooper Sailing Club and Wisconsin 4-H Youth Development, I agree to assume all risks associated with this Hooper Sailing Club Youth Instruction Program. I acknowledge that water sports* are hazardous action sports which can cause death by drowning, hypothermia, and other causes not limited by this listing, and acknowledge that permanent disfigurement and disability can result from water sports* due to broken bones, lacerations, contusions, skin puncture, and other physical results. I hold the Board of Regents of the University System, the Wisconsin Union, Hoopers Sailing Club, Wisconsin 4-H Youth Development, and the officers, employees, and agents of each of these organizations, harmless against all liability and civil litigation in connection with this program, regardless of cause.

I understand the contents of this Liability Waiver form and agree to see that my son/daughter adheres to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I also confirm that the participant is able to swim 50 yards unassisted. I recognize that minors must stay with an instructor or Adult Advisor at all times when they are on Union premises. I understand that the participant may be dropped from the program with no registration refunds if his/her behavior is deemed unacceptable or uncontrollable. I agree to assume the obligations for the expenses of repair and/or replacement of program equipment that is attributable to my son/daughter's reckless or irresponsible behavior.

Parent or guardian name (print): _____

Parent or guardian signature: _____ Date _____

This form must be completed **only** if your son/daughter is participating in canoeing, kayaking, sailing, windsurfing or any other water sports activity during Wisconsin 4-H & Youth Conference

*Water sport is defined as canoeing, kayaking, sailing, windsurfing, or any other water activity.

**Delegates: Complete this form as part of your registration and return
Email to justin.lieck@wisc.edu, fax to 608-265-6407, or mail by June 15 to:
Wisconsin 4-H Educational Programs, 702 Langdon St, 130 Pyle Center Madison, WI 53706.**