

**RELEASE FOR YOUTH PARTICIPATION**

Date \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_, has been accepted by Cooperative  
Extension Association of Delaware County, 4-H Program to take part in: \_\_\_\_\_  
\_\_\_\_\_

The principal adults in charge of Delaware County 4-H youth participants in this  
activity is (are): \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree to conform to the standards of  
(signature of participant)  
participation as may be established for the above activity.

I, \_\_\_\_\_, give permission for the child named  
(name of parent or guardian)  
above to take part in this activity. Further, in case this is an activity requiring overnight  
accommodations or out-of-county travel, I agree to pick up child or provide transportation  
home in event it becomes necessary. In case of emergency, I can be reached by phone  
at \_\_\_\_\_ or by contacting \_\_\_\_\_  
\_\_\_\_\_

(list telephone number and/or any other particulars)

In case I cannot be reached through either of the contacts listed, I hereby authorize the  
adult chaperone(s) listed above to take any action deemed necessary in my best interest  
for the welfare of my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

(One copy of this release, completely filled out and signed, must be turned in to  
the 4-H office, by the participant prior to taking part in the above activity.)

Are there any particular medical problems we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_  
\_\_\_\_\_