

Permission to Participate & Informed Consent

[Insert Group Name]

[Insert County Name]

I understand that my child, _____ will be participating in the [Insert name of event; date; location]. I understand that my child will be participating in this event with other 4-H members and volunteers from the [insert club name] 4-H Club. Activities will include, but not be limited to: [insert activities]. I understand that participation in this activity is strictly voluntary and is not a requirement for membership in the [insert name] 4-H club.

I have read, understand, and have discussed with my child that:

- A. Participants are expected to follow instructions of adult volunteers and other individuals that are hosting our group.
- B. Participants are expected to fully participate in activities outline by the adults/person in charge of events and activities, unless parent/guardian has made prior arrangements.
- C. Participants are expected to respect each other, equipment/materials that are made available to them, and adults in charge of the event.
- D. They will be traveling in a motor vehicle driven by an adult; my child is expected to wear their safety-belt while traveling.
- E. [insert additional, potential risks]
- F. [insert additional, potential risks]

I have discussed with my child the importance of following directions and safety procedures that will be outlined by the adults in charge of the activity. I understand that traveling in a motor vehicle may result in injury or death as a result of an accident.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Written by Ryan Schmiesing, OSU Extension, former Associate State 4-H Leader



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.