



Walton County Farm Safety Day Camp

Monday, February 20, 2017 8:00AM - 3:30PM

Walton County Fairgrounds, HWY 83, Defuniak Springs

*Early drop off: by 7:30am Late pick up: by 4:00pm

Join us for a fun filled day for youth 8-18 years old to learn about farm and home safety. Children ages 5-7 may attend if accompanied by a parent. Children under 5 **cannot** attend. Classes include:

- 4-H Rec/Dance
- Rollover Simulation- FHP
- Tractor Safety
- Large Animal Safety/Biosecurity
- ATV Safety
- Car Seat Check & Install (\$25)
- Smoke Trailer
- Archery Safety and Shooting
- Boating Safety
- Snake ID-venomous vs non

AND MUCH MUCH MORE!

- A fee of \$5.00/child includes lunch, T-shirt, classes, and a goody bag.
- Participation is limited to the first 150 applicants.
- **Registration Deadline: Monday, February 6th, by 4:30PM**

To register, complete the form on the back of this page and return it (along with the registration fee) to:

Walton County Extension Office
732 North 9th Street
Defuniak Springs, FL 32433
Phone- 892-8172 Fax- 892-8443

***Registrations submitted after 2/6/2017 WILL NOT guarantee T-shirt, shirt size nor friend request (must be within 2 years of age.)**

4-H is open to ALL youth between the ages of 5-18 regardless of race, color, creed, nationality, ethnicity, gender, or disability. Persons with disabilities requiring special accommodations need to contact the 4-H office at least 10 working days prior to the program so that proper consideration may be given to the request.

Farm Safety Day Camp 2017 REGISTRATION FORM

Camper Name _____

Parent/Guardian Name _____

Address _____

City _____ Zip _____

Home Phone _____ Day Phone _____

Grade _____ T-shirt Size _____ Gender: Male Female

Race: White/Caucasian Black/ African American

Hispanic Asian/American Indian Other

My child is allergic to: _____

My child should NOT be given the following over-the-counter medications:

Please list any special needs: _____

"If possible, I would like to be in the group with my friend (within 2 years of age.)

_____."

_____ (initial) YES I would like a car seat check/installment appointment.

Please make check or money order payable to:

"Walton County 4-H Association"

*Return this form and registration fee by **Monday, February 6th***

Release and Consent Form (*consent on 1&2 must be given to participate)

I understand that:

* _____ (initial) 1) In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives, and volunteers, (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted. I'm fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engaging in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities. WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

* _____ (initial) 2) I give UF/IFAS Extension Florida 4-H consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

_____ (initial) 3) I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

I have read and understand the above information

Parent/Guardian Signature _____

Date _____