

Discovery Day Registration Form
February 16th 12:00PM-3:00PM
Location: The Alliance Commons
405 S Linden Ave, Alliance, OH 44601

Parent/ Guardian first name: _____ Last Name: _____

Email: _____ Phone: _____

Child's Name: _____ Gender: _____ Grade (circle): K 1st 2nd 3rd

Does your child have any dietary needs? (please describe):

Please describe any accommodation needed (e.g. wheelchair accessibility, etc.):

Photo Release: My child plans to participate in Discovery Day programming through Ohio 4-H, taking place February 16. I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in Discovery Day in all types of media and for all lawful purposes.

(Circle one) I consent to photos

I do not consent to photos

Liability Release: Participants in the Discovery Day program will be under the direction and supervision of 4-H volunteers and staff. While in the program, participants will engage in a variety of activities which may include, but are not limited to: hands on Science activities, creating, running, playing with other students. I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Parent/Guardian Signature: _____ Date: _____