

# Ohio State University Extension



Lucas County 4-H Cloverbud Day Camp  
9:30 a.m. – 3:00 p.m.  
June 27, 2015



**Who may participate?**  
**What is planned?**  
**What is the cost?**  
**Where will it be held?**  
**How do I register?**

Any child who is age 5 and in Kindergarten through the second grade  
Livestock, Small Animals, STEM, Natural Resources, Nutrition, Gardening, Physical Activity  
\$5  
Lucas County Agricultural Society/1406 Key Street  
Send payment information and registration form below to:  
Ohio State University Extension, Lucas County  
One Government Center Suite 550  
Toledo, Ohio 43604



**Registration Deadline: May 27, 2015**

**\*Lunch, drinks, snacks, picture, and a camp T-Shirt will be provided.**  
For more information, call 419-213-4254 (Option 1)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

T-Shirt Size: Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_ Adult Small \_\_\_\_\_

Please List any food allergies: \_\_\_\_\_

## ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

## PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION

Ohio State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may prefer not to permit such publicity. If this section is not completed, publicity about this child's participation will not be used by Ohio State University Extension.

I GIVE  I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of materials.

### Payment Information:

Form of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check (Please make check payable to O.S.U Extension, Lucas County)



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

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