



Extension

UNIVERSITY OF WISCONSIN-MADISON

Video, Image, Testimonial Consent Form

Adult participants:

I recognize and acknowledge that the University of Wisconsin may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Name

Signature

Date

Minor participants:

I recognize and acknowledge that the University of Wisconsin may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Name of minor

Name of guardian or parent

Signature

Date

Agreement for Assumption of Risk and Consent for Emergency Treatment - Minors

I, _____ (print name of Parent/Guardian), desire to allow _____ (print name of minor child) my minor child/ward to participate voluntarily in the programs conducted by the University of Wisconsin-Madison Division of Extension.

Parent Guardian Signature: _____ Date: _____

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE WISCONSIN 4-H PROGRAM LEADER AT TELEPHONE NUMBER 608-262-2391.

ASSUMPTION OF RISKS:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve food-borne illness or allergens, strenuous exertions of strength using various muscle groups, and exposure to infectious disease. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and cuts, to 2) major injuries and illness such as severe cuts, injuries, allergic reactions, or severe illness, to 3) catastrophic injuries including anaphylaxis, paralysis, and death. I understand that the University of Wisconsin – Madison Division of Extension has advised me to seek the advice of my child/ward's physician before participating in the program. I understand that I have been advised to have health and accident insurance in effect for my child/ward and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES, I HEREBY ASSERT THAT MY CHILD/WARD'S PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR EXPENSE OF REPAIR OR REPLACEMENT OF UNIVERSITY OF WISCONSIN PROPERTY THAT IS ATTRIBUTABLE TO MY CHILD'S OR WARD'S NEGLIGENT ACTS OR WILLFUL MISCONDUCT.**

Parent Guardian Signature: _____ Date: _____

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of permission for my child/ward to voluntarily participation in these activities, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to hold harmless and release the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child/ward's participation in the above-listed program, except where such loss arises from the Board's or its officers', employees', agents', or volunteers' gross negligence of willful misconduct. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. Furthermore, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to defend and indemnify the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers from and against any and all claims, demands, actions, or causes of action of any sort arising from damage to personal property, or personal injury, or death where such loss arises from my or my child's/ward's negligent acts or willful misconduct while participating in the above-listed program.

Parent Guardian Signature: _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT:

I authorize the University of Wisconsin – Madison Division of Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician to my child/ward. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT REQUIRED PURSUANT TO THIS AUTHORIZATION.**

Parent Guardian Signature: _____ Date: _____

Final April 24, 2023 (reviewed by UW Madison Risk Management, Office of Legal Affairs, Extension Policy Advisor)

Agreement for Assumption of Risk and Consent for Emergency Treatment - Adults

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE WISCONSIN 4-H PROGRAM LEADER AT TELEPHONE NUMBER 608-262-2391.

ASSUMPTION OF RISKS:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve food-borne illness or allergens, strenuous exertions of strength using various muscle groups, and exposure to infectious disease. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and cuts, to 2) major injuries and illness such as severe cuts, injuries, allergic reactions, or severe illness, to 3) catastrophic injuries including anaphylaxis, paralysis, and death. I understand that the University of Wisconsin – Madison Division of Extension has advised me to seek the advice of my physician before participating in the program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES, I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR EXPENSE OF REPAIR OR REPLACEMENT OF UNIVERSITY OF WISCONSIN PROPERTY THAT IS ATTRIBUTABLE TO MY NEGLIGENT ACTS OR WILLFUL MISCONDUCT.**

Signature: _____ Date: _____

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of permission to voluntarily participation in these activities, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to hold harmless and release the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program, except where such loss arises from the Board's or its officers', employees', agents', or volunteers' gross negligence or willful misconduct. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. Furthermore, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to defend and indemnify the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers from and against any and all claims, demands, actions, or causes of action of any sort arising from damage to personal property, or personal injury, or death where such loss arises from my negligent acts or willful misconduct while participating in the above-listed program.

Signature: _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT:

I authorize the University of Wisconsin – Madison Division of Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician if I am unable to make that decision for myself. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT THAT OCCURS AS A RESULT OF THIS CONSENT.**

Signature: _____ Date: _____