

SWIFT CURRENT REGIONAL 4-H JUDGING CLINIC & COMPETITION 2024 PARENT RELEASE FORM - ACKNOWLEDGEMENT & WAIVER

NAME: _____ SK HEALTH #: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

AGE: _____ BIRTHDATE: _____ MALE / FEMALE

NEXT OF KIN, ADDRESS, & TELEPHONE (if different from above): _____

Do you have any health concerns, problems, or allergies that the staff/chaperones should be aware of? _____

We/I the legal guardian(s)/parent(s) of _____ acknowledge that:

1. All of the information contained herein is complete and true;
2. The attached letter/brochure outlining the program premises, activities and operation have been reviewed and understood; and
3. The participant has our/my consent to attend the program.

We/I hereby waive and absolve the **Saskatchewan 4-H Program**, the **Saskatchewan 4-H Council**, and the **Swift Current Agricultural & Exhibition Association**, from any and all liability relating to the participant that may result from the participant attending the clinic.

Dated at _____ in the Province of Saskatchewan, this _____ day of _____, 2024.

Name

Signature: _____

IF THE 4-H MEMBER IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN

PARENTS: The organizational committee will need a few hands the day of the clinic.

Mark the area(s) where you are able to help:

- Registration (8:30AM) Hold/Handle Animals Scoring Cards
 Group Leader Post Marks & Sort Cards

NAME: _____

THANK YOU!

THIS FORM MUST BE RETURNED TO:

Swift Current Agricultural & Exhibition Association
Box 146, Swift Current SK S9H 3V5
Phone: 306-773-2944 Fax: 306-773-7015
Email: kineticpark@swiftcurrent.ca

