

**UNIVERSITY OF WISCONSIN SYSTEM
UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION
TO PARTICIPATE IN MILWAUKEE COUNTY 4-H SUMMER CAMP
(4-4-08)**

I _____ desire for my son/daughter to participate in Milwaukee-Grant County Summer Camp at Camp Upham Woods in Wisconsin Dells. This is sponsored by Milwaukee & Grant County UW-Extension 4-H programs. I desire to ride to and from the event in the Milwaukee County 4-H rented vehicle. 4-H and the University have approved my participation in the field trip during the period of July 27-30, 2008.

I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in summer camp.
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the trip including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
- 3) I understand that accident and health insurance are recommended for my participation in summer camp. I understand that the University encourages me to have appropriate insurance coverage for the entire time of summer camp.
- 4) I agree to abide by and shall conform to all applicable policies, rules, regulations and standards of conduct as established by the University to ensure the best interest, comfort and welfare of summer camp. I understand that violation of applicable policies, rules, regulations and standards of conduct may result in my removal from the field trip and may subject me to discipline pursuant to the University's non-academic student disciplinary code. I shall accept termination of my participation in the trip by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University;
- 5) I understand that the University reserves the right to make changes to summer camp at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes. Any refund, if appropriate, shall be issued pursuant to the University's policies.
- 6) I agree for myself, my heirs and my personal representative, to hold harmless and forever release, discharge and hold harmless the University, Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) on account of damage to personal property, personal injury, or death which may result from or arise out of my participation in the field trip and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 7) I acknowledge that I have read this document and understand and accept its terms.
- 8) I agree that this Release and Authorization to participate in summer camp shall be construed in accordance with, and governed by, the laws of the State of Wisconsin. Any litigation regarding this Release and Authorization or arising out of my participation in the field trip shall be brought in a court of competent jurisdiction located in the State of Wisconsin.

Camper's Signature

Date

Signature of Parent/Guardian

Date