4-H Manitoba Club & Area Council
Participant Event Registration Form

For Use by Clubs and/or Area Council Event Coordinators

Please complete Pages 1 and 2

Important Information:

- Prior to acceptance in this 4-H event, this form must be completed and signed as applicable indicating agreement to the identified conditions.
- Accurate and complete information is essential to ensure adequate supervision and protection while participating in the event. This information is confidential and will be available only to 4-H staff and club/area council volunteers administering the event and a physician, if necessary.

4-H Event/ Program	Activate Winnipeg West	**Date of Event**	Novembner 28, 2026

Application Details

Name	Birthdate *yyyy/mm/dd*	Male ❑ Female ❑ Other ❑
Address	Town	
Postal Code	Telephone(s)	
Email Address(es) suitable for correspondence (*Print*)		
Club	Area Council South Interlake	

Participation Waiver:

- I am the participant (if age 18 and older) OR the Parent/Guardian of _____ (if under age 18) and hereby certify that my child/ward has my permission to participate in the above mentioned 4-H event.
- I recognize the 4-H program will provide a safe and educational environment to the best of their ability however inherent risks associated with this type of activity may occur.
- I agree that my / my child/ward's participation is at my/their own risk.
- I agree that I / my child/ward will remain with the program at all times and will adhere to the behavior and cancellation policies in place for this event.

_____ _____

4-H Participant Signature *(If participant is 18 years of age and over)* Date

_____ _____

Parent/Guardian Signature *(If participant is under 18 years of age)* Date

If participant is under age 18, please check one of the following and sign below:	
❑ Participant will be driving themself to event; OR:	
❑ Name(s) of person(s) that the participant may be released to (picked up from site by)	
Name	Relationship to Participant
Name	Relationship to Participant
Parent/Guardian Signature	Date

Emergency Contact & Medical Information	
Contact Name	Relationship To Participant
Telephone 24-hour access (work, home, cell)	Participant 9-Digit MB Health #
Doctor Name	Doctor Telephone

List Medical Conditions concerning you / your child/ward (Special diet, allergies, medication, recent illness, physical limitations, behavioral issues, etc.)

Medical Release*:* I, (as the participant) OR I, (as the parent or guardian of a participant under the age of 18), under circumstances as stated below, hereby authorize the staff/volunteer in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of me/my child/ward, and I agree to accept the financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

- Where the health and well-being of the participant is involved.
- Where medical advice has been such that further services are required (services which require the consent of the adult participant or the parent/guardian).
- Where the adult participant is unable to give consent OR all attempts to contact the parent/guardian have failed, or where due to the nature of the emergency there is insufficient time for agreement by the adult participant or to contact such parent/guardian, it will be at the discretion of the staff-in-charge of the program to decide what steps must be taken for the welfare and safety of the participant.

Signature: Participant OR Parent/Guardian	Date

Photo/Video Release:

At various 4-H events, we like to take photo/video images of the fun activities that happen for possible use on the 4-H website or in 4-H publications that promote 4-H or on other digital platforms. We request your permission to use photo/video images of you (if age 18 and over) or your child/ward participating in 4-H events.

I hereby authorize Manitoba 4-H Council Inc. and/or the 4-H Club or Area Council organizing this event to use photo/video images of me (if age 18 and over) or my child/ward (if under age 18) with either my/our ***first name or club name****, on the 4-H website, in 4-H publications and/or other digital platforms which promote 4-H activities.*

Yes ❑ No ❑

I acknowledge the contagious nature of certain illnesses and acknowledge that there is no participant accident or liability insurance coverage for infectious diseases and assume the risk of potential exposure or infection while participating in 4-H activities. **I acknowledge ❑**

4-H Participant Signature *(If participant is 18 years of age and over)* Date

Parent/Guardian Signature *(If participant is under 18 years of age)* Date

Please return form (with event fee where required) to your local event organizer as appropriate.

Privacy Policy: *Manitoba 4-H Council Inc. respects the* ***privacy*** *of our 4-H participants and leaders. Your personal information is collected, used and disclosed for the purposes of keeping you informed and delivering 4-H programs, services & opportunities and for statistical or archival purposes. To learn more about the 4-H Manitoba commitment to privacy, check out the website* www.4h.mb.ca

Insurance - Reminder: *Insurance covers all 4-H participants, leaders and staff and any designated event volunteers* **and invited participants** *but does not cover non-4-H siblings or adults. Insurance Fact Sheets are on the Manitoba 4-H Council Inc. (M4HC) website:* *http://4h.mb.ca/insurance*. ***Report any incidents ASAP using the i-Sight system on the M4HC website.***

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