

**UNIVERSITY OF CALIFORNIA  
Agriculture & Natural Resources**

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

**Description of Activity or Program:** California-Pacific Section Range and Natural Resources Camp  
**Date(s):** June 16 – 21, 2024

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*(If the participant is a minor)*

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Youth Treatment Authorization Form - Print all information clearly.**

(THIS PAGE MUST BE SUBMITTED WITH APPLICATION AND WILL BE RETAINED BY CAMP STAFF)

This Treatment Authorization Form is authorized for all Range and Natural Resources Camp (Range Camp) activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

From: **June 16, 2024 to June 21, 2024**

**PARENT(S)/GUARDIAN(S)**

First & Last Name

Home/Work/Other Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

First & Last Name: \_\_\_\_\_

Home/Work/Other Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

While my child is attending or traveling to or from Range Camp, I HEREBY AUTHORIZE THE Range Camp ADULT VOLUNTEER OR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided.

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the Range Camp as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director or at University of California, Division of Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618-7774. Only your own records are open to your review.

**RANGE AND NATURAL RESOURCES CAMP**

Elkus Youth Ranch, Half Moon Bay

Email: [rangecamp@ucanr.edu](mailto:rangecamp@ucanr.edu)

<https://ucanr.edu/sites/rangecamp/>

**Health History Information - Print all information clearly.**

(THIS PAGE MUST BE SUBMITTED WITH APPLICATION AND WILL BE RETAINED BY CAMP STAFF; SHRED AFTER THE PROGRAM YEAR) (please attach extra page if more space is needed)

First Name

Last Name

 /  / 

Date of Birth

Date of last Tetanus Vaccination: \_\_\_\_\_  Not Sure  None

Please check over-the-counter medications that may be administered:

Tylenol  Ibuprofen  Cough Syrup  Decongestant  Dramamine  Antacid  Polysporin

Hydrocortisone  Benadryl  Other: \_\_\_\_\_

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

---

---

---

---

Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
|                    |        |             |
|                    |        |             |
|                    |        |             |

Please identify any allergies including allergies to food, medications, and drug reactions:

---

---

Please include any additional remarks and special instructions to better assist emergency service personnel.

---

---

---

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

---

---

|  | Yes | No |
|--|-----|----|
| Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?             |     |    |
| Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?                   |     |    |
| Would you like to share any significant life or family events that will help us support the youth's current emotional state? |     |    |

Please explain any "Yes" answers on this page.

---

---

---

