



Read carefully before signing:

I, on behalf of myself, and his or her legal guardian if I am under the age of 19 years, my personal representatives and my heirs, voluntarily agree to release, discharge, and hold harmless the LSU AgCenter The Trustees of Louisiana State University, the Louisiana County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, property owner of riding sites and volunteers (“Released Parties”) from any and all claims, suits, costs, expenses, attorney fees, or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise that, directly or indirectly, are based upon, arise out of or are connected with my use of ATVs, recreation vehicles, or any other type of motorized vehicle and related activities during my participation in the 4-H ATV Safety Program.

I fully understand and acknowledge that: (a) risks and dangers exist in my use of ATVs or any other motorized vehicle and related equipment while riding or otherwise participating in the 4-H ATV Safety Program; (b) my participation in such activities and/or use of such equipment may result in injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious and/or permanent disability or disfigurement; (c) these risks and dangers may be caused by the negligence of the Louisiana State/Cooperative Extension Service, or their trustees, officers, appointees, agents, employees and volunteers (“Released Parties”); the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by participation in these activities and /or use of equipment. I hereby assume all risk and dangers and all responsibility for any losses, injury and /or damages, whether caused in whole or in part by the negligence or other conduct of the trustees, officers, appointees, agents, employees or volunteers of the LSU AgCenter/County Cooperative Extension Service or by any other person.

Participant Name: (print) _____

Participant Signature _____

(signed in presence of witnesses)

Participant Address: _____

Witness Name: (print) _____

Witness signature: _____

Witness Name: (print) _____

Witness signature: _____

Parent/Legal Guardian Name: (print) _____

Parent/Legal Guardian Name: _____

(signed in presence of witnesses if participant is under 19 years)
