

Western National Roundup

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE WESTERN NATIONAL ROUNDUP, COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

Permission for Youth to Participate in Western National Roundup

I understand that the youth/adult participant, _____, will be participating in the *Western National Roundup in Denver / Fort Collins, CO* the week of 1/6/27 - 1/9/27. Activities that will be offered during this event include contests, awards ceremonies, and optional activities may include numerous inherent risks. I am aware and have discussed the following inherent risks with my child:

- ✓ Physical activities.
 - Walking, lifting, standing, etc.
- ✓ Possible contact with animals.
- ✓ Environmental Conditions.
 - Altitude Sickness, Hypothermia, sunburn, etc;
- ✓ Other participants may act in a negligent manner.
- ✓ COVID-19 – Participants will be required to follow all *applicable* COVID Protocols

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S NAME: _____ Date of Birth _____

Phone: _____ Email: _____

Address: _____ City _____ State _____ ZIP _____ I, the

undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against Western National Roundup, State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons, or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

NWSS Parade, and judging workouts are optional as part of Western National Roundup.

If participant is under the age of 18, parent or legal guardian must sign below:

I, (printed name) _____, am the parent or legal guardian of the

participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

Signature of Parent or Legal Guardian

(date)

Western National Roundup

Code of Conduct and Participant Discipline Policy

Name of Participant _____

Name of Parent/Guardian _____ Phone _____

Emergency contact, if Parent unavailable _____ Phone _____

As a program participant, I understand that I am expected to abide by the stated rules for 4-H and FFA activities and events and will:

- Conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship and act as a positive role model;
- Adhere to program rules, curfews, dress codes, policies and guidelines;
- Fully participate in scheduled activities;
- Respect other's property and privacy rights;
- Apply rules of safety to individuals, groups and property; and
- Accept personal responsibility for behavior.

I acknowledge and understand that the following behaviors will not be tolerated:

- Illegal behaviors including the possession or use of alcohol or illegal drugs and tobacco/vaping products; stolen goods; weapons; and fireworks.
- Sexual, physical or verbal abuse;

Conduct not in keeping with 4-H and FFA standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Law enforcement may be called, and illegal behaviors may result in citation or arrest. Consequences may include removal, at the individuals; expense and without refund, from participation in the event; restitution or repayment of damages; sanctions on participation in future local, state, regional or national 4-H/FFA events; forfeiture of financial support for this event, removal from offices held; loss of status as a member in good standing, etc.

I (we) understand the reason for this agreement is to ensure the safety of the other 4-H and FFA participants and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Western National Roundup

Photo, Media & Print Release

I give to the Western National Roundup committee, National 4-H Council, 4-H Extension System, USDA/CSREES, 4-H and FFA clubs and programs, its nominees, agents, and assigns, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise), my voice, and any related written text, whether or not related to any affiliation with 4-H or FFA, with or without my name. I hereby waive any right that I (and Minor) may have used in connection therewith or the use to which it may be applied.

Name of person photographed, recorded, or interviewed (PLEASE PRINT) _____

Signature _____ Age (if Minor) _____ Date _____

Consent of parent or legal guardian if above individual is a minor

Signature _____ Relationship _____ Date _____

Western National Roundup Authorization for Medical Care

This authorization covers _____ during travel and participation in Western National Roundup. I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowingly evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise their professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and the render such care and perform such treatment their professional judgment determines to be necessary for the health and safety of the above named minor. I furthermore understand that if any accident insurance policy is carried by Western National Roundup, it will provide only minimum coverage and that I will be responsible for costs associated with the care and treatment of the above-mentioned.

Policy Holder Information

Work Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip Code _____
Email _____
Medical Insurance Company _____ Policy Number _____
Policy Holder's Name _____

Treatment Information

Birth Date _____ Gender _____
Allergies _____

Family Doctor _____ Phone _____
Medicine Delegate is taking _____

Date of last Tetanus Shot _____

Attach a Certificate of Immunization (if needed for important information)

Medical History (or any other important information we may need to know) _____

If the participant has a serious medical condition or is under a doctor's care, a letter from the doctor should be attached outlining the nature of the condition, treatment, or medical history.

I ACKNOWLEDGE that if emergency personnel are unable to locate the individual(s) listed above, and the minor cannot provide self-consent, the minor who presents with an urgent problem shall receive treatment as necessary at the discretion of the physician on duty.

Parent/Legal Guardian Signature _____ Date _____

Participant's Signature _____ Date _____