



PO Box 30  
Hastings NE 68902-0030

**4-H DOG AGILITY CLASSES  
MEDICAL FORM**

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Medical Agreement:**

We/I hereby request that you accept the application for the enrollment of  
\_\_\_\_\_ in the 4-H Dog Agility practice sessions.

We/I hereby release camp staff, Adams County Extension Office, all their employees and leaders/volunteers from all claims on account of any injuries, which may be sustained by our/my minor son or daughter as a result of any such injuries. We/I also certify he/she is medically fit to participate in this camp. If an emergency arises we/I release our/my child to receive emergency medical treatment and authorize releasing any information needed to file a medical insurance form.

**Dog Health:**

We/I hereby release camp staff, Adams County Extension Office, all their employees and leaders/volunteers from all claims on account of any injuries, which may be sustained by our dog as a result of any such injuries.

Date: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Telephone Number (in case of emergency) \_\_\_\_\_