



4-H Lake to Table

Saturday, June 23, 2018

TIME: 1:30 p.m. to 5 p.m.

LOCATION: Happy Day Fishing Camp
9082 Big Hand Rd, Columbus MI

COST: \$5 FOR St. Clair and Macomb County 4-H'ers aged 9-19 years old **(all youth must have a responsible adult present)**

PRE-REGISTER: no later than Friday, June 15th by sending form and payment to St. Clair County MSUE, 200 Grand River Ave. #102, Port Huron MI 48060 **check made payable to SCC 4-H Council**

PROGRAM: A hay ride from registration to the fishing location will start this hands on event with all equipment supplied. We will also learn to fish from a boat; process our catch; cook and taste the fish we catch; learn knife sharpening. A guest speaker from Department of Natural Resources will discuss fishing ethics. Then a nature hike to round out our day. Come enjoy the outdoors and learn a bit about FISHING with 4-H!

CONTACT:

St. Clair County MSUE
Lori Warchuck, 4-H Program
Coordinator

(810) 989-6935

OR

Macomb County MSUE
Seth Martin, 4-H Program
Coordinator

(586) 783-8163



*Let's Go
FISHING*





4-H Lake to Table

HOW TO REGISTER

1. Pre-registration forms and payment are due no later than **Friday, June 15, 2018** to the MSU Extension Office at 200 Grand River Avenue Suite 102, Port Huron MI 48060. Make check payable to **SCC 4-H Council** and mail registration forms and check to register, or walk-in to register, office is open from 8 am to 4:30 pm closed for lunch from noon to 1 pm.
2. COST is \$5 for youth enrolled in the St. Clair our Macomb County 4-H programs.
3. All youth must have an adult with them on the day of the event.
4. DRESS FOR THE WEATHER this is an all-day outdoor event.
5. Limited Space, first come, first serve

Name: _____ Age: _____

Phone Number: _____ Email: _____

Club name: _____ County: _____

CHECK MADE PAYALBE to:

SCC 4-H Council

**MAIL to: St. Clair County MSUE,
200 Grand River Avenue Ste. 102,
Port Huron MI 48060**



MSU is an affirmative-action, equal-opportunity employer, committed to achieving excellence through a diverse workforce and inclusive culture that encourages all people to reach their full potential. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

Accommodations for persons with disabilities may be requested three days before the event by calling to make the arrangements, requests received after three days will be met when possible.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I agree that I and/or or the minor for which I am the parent or legal guardian ("Minor") am/is/are voluntarily participating at Happy Day Fishing Camp [Name of Fishing Camp] ("Camp") in a "camping activity" or "recreational activity," as those terms are defined in MCL 700.5109, i.e., a recreation activity planned and carried out by the owner and operator of a camp or the active participation in an athletic or recreational sport or in a camping activity ("Activities"). All references to "I," "my," or "me" includes references to the adult signing this Release and Waiver of Liability and Indemnity Agreement ("Release") and to the Minor, if any, identified below.

I acknowledge that I am entering into this Release in consideration of being allowed to participate in the Activities without having paid the Camp any monies or other valuable consideration. I further acknowledge that the Activities are inherently hazardous, may require physical exertion that may be strenuous at times, may involve interaction with nature, weather, and wild animals in an area where aid is not readily available, and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician regarding my participation in the Activities prior to such participation, and I represent and warrant that I am physically fit and do not have a medical condition that would prevent or otherwise limit me from participating in the Activities. I also understand that it is my responsibility to adhere to safety protocols including properly wearing water flotation devices at all times when near the water, staying hydrated, following the directions of personnel at the Camp during my participation in the Activities, and using sunscreen, insect repellent, proper attire, etc. I understand that the Camp reserves the right to deny my further participation in the Activities and any future Activities if I fail to follow the directions of Camp personnel.

In the event that any damage to equipment or facilities occurs as a result of my willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

In exchange for permission to participate in the Activities, I assume full responsibility for physical bodily injury, personal injury, property damage or wrongful death occurring to me or others and arising out of my participation in the Activities ("Injuries"), and I hereby voluntarily forever release, discharge, waive and relinquish any and all actions against the Camp for such Injuries to the full extent permitted by law. These Injuries may include, but are not limited to, (a) my use of any equipment or facilities that may malfunction or break, (b) the Camp's improper maintenance of any equipment or facilities, and (c) my slipping or falling while at the Camp or on any portion of the premises for any reason.

This Release was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. The Camp and I agree that this Release is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Release, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. If any portion of this Release shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this Release shall remain in full force and effect and the invalid provision or provisions severed herefrom.

I UNDERSTAND AND IT IS MY INTENTION BY THIS RELEASE TO EXEMPT AND FOREVER RELEASE THE CAMP, ITS DIRECTORS, OFFICERS, EMPLOYEES,

CONTRACTORS, AGENTS, AND GUIDES ("PERSONNEL") FROM ALL LIABILITY WHATSOEVER FOR ANY INJURIES, INCLUDING, BUT NOT LIMITED TO, PHYSICAL BODILY INJURY, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH ARISING IN WHOLE OR IN PART OUT OF MY PARTICIPATION IN THE ACTIVITIES. FURTHER, I AGREE TO INDEMNIFY, DEFEND AND HOLD THE CAMP AND ITS REPRESENTATIVES HARMLESS FOR ANY CLAIMS, DEMANDS, ACTIONS, SUITS, DAMAGES, LIABILITY, LOSSES, SETTLEMENTS, JUDGMENTS, COSTS, OR EXPENSES, INCLUDING ATTORNEYS' FEES, INCURRED BY THE CAMP OR ITS PERSONNEL, WHETHER OR NOT INVOLVING A THIRD PARTY CLAIM, ARISING OUT OF (1) ANY INJURIES THAT I OR OTHERS INCUR AS A RESULT OF THE ACTIVITIES, (2) MY BREACH OF ANY REPRESENTATION OR WARRANTY, (3) MY BREACH OF THIS AGREEMENT, OR (4) THE CAMP'S OR A REPRESENTATIVE'S ENFORCEMENT OF THEIR RIGHTS HEREUNDER.

I understand and agree that this Release is and forever shall be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, my Minor, if any, and any guardian ad litem for my children or wards. This Release is governed by, and shall be construed in accordance with, Michigan law.

I acknowledge that I have read this Release and that I understand its language, words, and meaning. In the event that I am signing for a Minor as identified below, I hereby certify that I am the parent or guardian of such Minor and do hereby give my consent without reservation to the foregoing on behalf of this individual.

EMERGENCY CARE: In the event of an emergency, I authorize the Camp to secure from any hospital, physician, or other medical personnel any treatment deemed reasonable and necessary for myself and/or my Minor's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

SIGNATURE

Date: _____ /s/ _____
Printed Name:

Name of Minor, if any: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Emergency Contact: _____

Telephone Number: _____

Relationship: _____

PERMISSION TO RECORD FORM

Activities at the [Name of Fishing Camp] ("Camp") may be photographed or otherwise recorded by videotape, audio tape, electronically, or by other means (collectively, "Recordings").

The undersigned represents and warrants that he or she is the parent or legal guardian of the below named minor child, is over 18 years of age, and consents and grants the Camp permission to take Recordings of the below named minor child, without compensation, for educational, publicity, or fundraising purposes. All Recordings will be the sole and exclusive property of the Camp.

NAME OF MINOR CHILD: _____ AGE: _____

RELATIONSHIP TO PARENT OR LEGAL GUARDIAN NAMED BELOW: ☐ SON ☐ DAUGHTER
☐ STEP SON ☐ STEP DAUGHTER ☐ BROTHER ☐ SISTER ☐ NEPHEW ☐ NIECE ☐ OTHER

NAME OF PARENT OR LEGAL GUARDIAN: _____

HOME ADDRESS: _____

TELEPHONE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

TELEPHONE: _____