

EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM
WAIVER AND RELEASE

I wish to participate voluntarily in the University of Arkansas System Division of Agriculture Cooperative Extension Service Expanded Food and Nutrition Education Program (EFNEP). The program is a focused educational program to enhance the quality of the families' diet. Adults and youth are taught by Extension educators through an approved EFNEP curriculum. In addition, physical fitness is a part of the program to develop and enhance the personal fitness of participants. I understand that I should seek approval from my health care professional before engaging in the physical fitness aspect of the program.

I, acknowledge, agree and fully understand that physical exertion is required to participate in the physical fitness, which might involve possible risks or personal injury. I fully accept the risk and responsibility for any and all injuries I or my child may sustain while participating in the physical fitness portion of the program.

I, also acknowledge, agree and fully understand that the University of Arkansas System Division Of Agriculture Cooperative Extension Service normally takes photographs, video, and/or tape recording of our programs, including EFNEP and its activities. During activities, I understand photographs or video/audio recordings may be taken of me and/or my child.

YOU MUST PLACE YOUR INTIALS BY THE STATEMENT WHICH APPLIES:

- _____ I give permission for the Arkansas Cooperative Extension Service to use myself or my child's picture, art, written work, voice, image, verbal or written statements in any medium now known or developed in the future without any restrictions for use in any promotional or educational purposes.
- _____ I **DO NOT** give permission to the Arkansas Cooperative Extension Service to use myself or my child's picture, art, art, written work, voice, image, verbal or written statements in any form.

Furthermore, I hereby agree to release and hold harmless the University of Arkansas, its Division of Agriculture, the Cooperative Extension Service, and their current and formal trustees, representatives, officials, agents, volunteers and employees from any liability, any and all claims, demands or any cause of action, arising out of or connected with my participation in the Expanded Food and Nutrition program.

I HAVE READ THE TERMS OF THIS RELEASE AND I SIGN THIS RELEASE OF MY OWN FREE WILL AND ACCORD.

CHILD'S NAME: _____

PRINT NAME: _____

PARENT/GUARDIAN
SIGNATURE: _____

DATE: _____