





**NORTHERN MARIANAS COLLEGE  
COOPERATIVE RESEARCH, AND EDUCATION SERVICES**

P.O. Box 501250 · Saipan, MP 96950 · Phone: (670) 237-6840  
Fax: (670) 234-0054 · Facebook: 4-H Marianas



**PARENT/GUARDIAN PERMISSION SLIP AND  
ASSUMPTION OF RISK AND RELEASE**

**THIS RELEASE is executed by the parent(s) / guardian(s) of**

<b>(Participant's Name)</b>	<b>(Sex)</b>	<b>(Age)</b>	<b>(D.O.B.)</b>
<b>(Village)</b>	<b>(P.O. Box)</b>	<b>(Wk &amp; Hm Phone Number)</b>	

**WITNESSETH:**

In consideration of being permitted to participate in the events and projects of the NORTHERN MARIANAS COLLEGE – COOPERATIVE RESEARCH, EXTENSION, AND EDUCATION SERVICE’S FAMILY AND CONSUMER SCIENCE – CNMI 4-H PROGRAM/CLUB AND PARTNERING ORGANIZATIONS, WE the UNDERSIGNED, in full recognition and appreciation of the dangers and hazards inherent in the 4-H Program and 4-H Club activities and events, including transportation to and from these activities and events to which my child may be exposed during his/her enrollment and or participation during this **4-H CAMP MAGA'LAHI**. I/WE do hereby agree to assume all the risks and responsibilities surrounding my child’s participation in the 4-H Program and 4-H Club or independent research or activities undertaken as an adjunct thereto; and further, I/WE do for my/ourselves, my/our heirs and personal representative(s) hereby hold harmless, indemnity, and release, and forever discharge NORTHERN MARIANAS COLLEGE-COOPERATIVE RESEARCH, EXTENSION AND EDUCATION SERVICE, its regents, officers, faculty, staff, agents and employees, during the period of my child’s participation as aforesaid.

IN WITNESS WHEREOF, I/WE have caused this RELEASE to be executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Parent/Guardian’s Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Parent/Guardian’s Signature)

\_\_\_\_\_  
(Print Name)