



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

P.O. Box 501250 · Saipan, MP 96950 · Phone: (670) 237-6876

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

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

(Participant's Name)	(Sex)	(Age)	(D.O.B.)
(Village)	(P.O. Box)	(Wk & Hm Phone Number)	

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 Marianas**. 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)