



# CODINGTON COUNTY 4-H

# Cloverbud BUG Camp



## June 1, 2022

9:00 AM to Noon OR 1 PM to 4 PM

Codington County Extension Complex

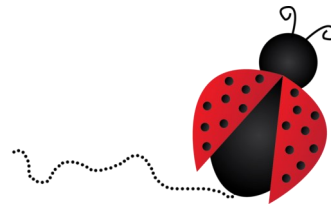
**Ages 5 – 7 years**

(Need not be enrolled in 4-H Cloverbuds)

Cost: Cloverbuds \$15 Friends \$20

**Registration Deadline: May 12, 2022**

(Make checks payable to *Activities Revolving*)



### Camper information

Cloverbud's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (not parent): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

How did you hear about Cloverbud Camp? \_\_\_\_\_

If you require accommodation for a disability to fully participate in this program or if you would like more information, please contact Codington County 4-H at 605-882-6300



**SOUTH DAKOTA STATE  
UNIVERSITY EXTENSION**

South Dakota State University, South Dakota Counties and U.S Department of Agriculture Cooperating.  
South Dakota State University is an Affirmative Action/Equal Opportunity Employer (Male/Female) and offers all benefits, services, education and employment opportunities without regard to ancestry, age, race, citizenship, color, creed, religion, gender, disability, national origin, and sexual preference, or Vietnam Era veteran status.



# Butterflies, Bees, Bugs...OH MY!

Join us for a fun time at the  
**Cloverbud Bug Camp!**

## Media Release

I hereby authorize South Dakota State University (SDSU) to photograph me and/or my property or use my submitted media, and authorize SDSU, its legal representatives, or successors and assigns the absolute and unrestricted permission to copyright, publish and/or use such photographs or recording in whole or part, or composite form made for art, advertising, trade or any other lawful purpose.

Yes, you have my permission.

No, do not use my individual picture or name for any purpose. *I will make an effort to avoid opportunities to be in group photos.*

## Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and Consent to Medial Treatment

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in 4-H activities, programs and events. By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

- 1) Waive any claim or cause of action against and release from liability the state of South Dakota and Codington County, their officers, employees, and agents for any liability for injuries to person or property resulting from participating in 4-H activities, programs and events.
- 2) Agree to indemnify and hold harmless the state of South Dakota and Codington County, their officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participating in 4-H activities, programs and events.
- 3) Consent to receive any medical treatment deemed advisable during participation in 4-H activities, programs and events.

I, the undersigned, acknowledge that I have read and understand the above Release.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_