



## University of Illinois Extension Youth Release Form

I, \_\_\_\_\_, the parent or guardian of the  
print name

minor, \_\_\_\_\_, give my permission and consent for the minor to leave  
print name

University of Illinois Extension programs in the manner indicated or with the person(s) listed below:

(Please check all that apply)

- With parent(s)
- Walk or ride a bicycle
- Take public transportation (bus)
- With the following program attendee(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

- With the following adults:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

In consideration for allowing the minor above to participate in this Extension program, I release the Board of Trustees of the University of Illinois, its officers, employees, agents and volunteers from any and all liability, and waive any and all claims that the minor listed above or I may have, arising out of or in any way connected with this Extension program and the minor's participation in it. This release and waiver is binding on my heirs, assigns and representatives.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Illinois Extension**  
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES  
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