University of Illinois Extension
Youth Release Form

I, ________________________________, the parent or guardian of the
minor, __________________________________, give my permission and consent for the minor to leave
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:________________________________
   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: ________________