



Oregon State University



New Enrollment .....	<input type="checkbox"/>
Re-enrollment .....	<input type="checkbox"/>
Youth Leader .....	<input type="checkbox"/>

\*= Required Field

Oregon 4-H Annual Youth Member Enrollment Form County\* \_\_\_\_\_

To be enrolled, each 4-H Member must complete and submit the following annually, either in 4-HOnline or on paper:

- Oregon 4-H Youth Member Enrollment Form
- Acknowledgement of Risk and Waiver of Liability (signatures required)
- Youth Standard Health Form (signature required)
- Model and Information Release (signatures required)
- Oregon 4-H Youth Development Program – Youth Code of Conduct (signatures required)
- Standards of Behavior for Adults Working in Programs and Activities with Minors (signature required)

<b>Enrollment Deadline(s) &amp; Fee Information:</b>
--

Paper forms and enrollment fees can be returned to \_\_\_\_\_

<b>FAMILY INFORMATION</b>	Family Email: _____
Family Last Name*:	Family Mobile Phone*:
Mailing Address*:	
City*:	State*:
	Zip*:

**MEMBER INFORMATION** First Name\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last\*: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date\*: \_\_\_\_\_

Member email: \_\_\_\_\_ Member mobile phone \_\_\_\_\_

Number of previous youth years in 4-H \_\_\_\_\_

Gender\*:  Male  Female  Non-binary  Gender identity not listed  Prefer not to respond

Grade\*: \_\_\_\_\_ Residence:  Farm  Rural (<10,000)  Town (10,000 - 50,000)  Suburb  City (>50,000)

Ethnicity: (check one)  Hispanic or Latino  Not Hispanic or Latino  Prefer not to state

Race: (check all that apply)  Alaskan Native/American Indian  Asian  Black or African American  
 Native Hawaiian/Pacific Islander  
 Other (race not listed)  White  Prefer Not to State

<b>EMERGENCY CONTACT:</b> Name*:	Relationship*:
Phone*:	Email:

	Project(s)* **

\*\*Youth ages 5-8 (as of September 1, 2023) will enroll in the "Cloverbuds" project. The intention of Cloverbuds is to allow youth to explore many different areas of interest, in a non-competitive environment. Cloverbuds are **NOT** able to participate in the following project areas: Beef Cattle, Dairy Cattle, all Goats, Llamas/Alpacas, Sheep, Swine, Dogs, Horses, and Shooting Sports.

**PARENT/GUARDIAN 1:** First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARENT/GUARDIAN 2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email : \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECOND FAMILY:** Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_  
Email : \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ADDITIONAL INFORMATION** School District\*: \_\_\_\_\_ School\*: \_\_\_\_\_  
**Family Member in Military?\***:  Yes  No **Who?\***:  Self  Parent  Sibling  Family member  
**Status**:  Serving  Retired  
**Branch**:  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy  Space Force  
**Branch Component**:  Active Duty  National Guard  Reserves

**Do you need any accommodations for a physical, developmental, or other disability to participate in this program? Please describe:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*Staff Use ONLY\***

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

PLEASE PRINT

**Activity:** Oregon 4-H Youth Member

**Group:** County: \_\_\_\_\_ **Date(s):** October 1, 2023 - September 30, 2024

**Participant Information** **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Street** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to:

\_\_\_\_\_  
(INSERT Department contact name, address and phone number)

**If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.**

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) described above may include activities that may cause injury, illness, and be dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury and illness, up to and including death, may occur (*INSERT activities below*):

**With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury or illness to others and to myself.** I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**. I will indemnify Oregon State University, its officers, board members, agents, and employees (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, illnesses, and costs associated with my participation in this **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (**including Code of Student Conduct, when applicable**) and with any federal, state, city and other applicable laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**.

I recognize and acknowledge that the **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

**COMPLETE BOTH SIDES OF THIS FORM**



ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury, illness, or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation,\* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries or illnesses that I may sustain while participating in any activity associated with the ACTIVITY.

\*If your participation requires an accommodation, please contact County 4-H office at least one week (7 days) before the date of the ACTIVITY. (INSERT Department contact name and phone number)

Emergency Contact Name: Telephone Number:

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: Date:

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: Date:

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

COMPLETE BOTH SIDES OF THIS FORM



**Oregon State**  
University



## Youth Standard Health Form

Name \_\_\_\_\_

	yes	no	If yes, please explain
Does this person have allergies or sensitivities?			
Does this person have any dietary needs or restrictions?			
Does this person require medication			please list any medications and instructions for administering
Primary Physician name			Primary Physician phone
Are there any restrictions or modifications to the activity or program environment that 4-H staff need to consider in order to ensure this person's successful participation?			
To support their needs, does this person use or rely on any devices?			
Medical Insurance	Company name & Policy Number		
Recent history of medical procedures, illness or injuries to consider during this person's participation			

I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to arrange necessary transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



I authorize Oregon State University (OSU), and those acting pursuant to its authority to:

Record my name, likeness, voice, participation, comments, appearance or any combination of these; in audio/visual media, including, but not limited to, video, sound and photographic still imaging; or written material; on or around this date; on the following topic:

4-H Program Participation

---

---

These recordings, statements and written material may be disclosed to the general public for the purpose of publicizing and promoting OSU; in any medium, present or future, including but not limited to print, Internet, social media networks, direct public presentations, speeches, video or audio.

The institution may further release, exhibit, authorize the use of and distribute such recordings and materials, in whole or part, without restrictions or limitation throughout the universe, for any educational or promotional purpose which Oregon State University and those pursuant to its authority deem appropriate. I waive any right to inspect or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of such materials may often be made to, and used by the public news media or other entities over which Oregon State University has no control; and for which Oregon State University bears no responsibility.

I understand that Oregon State University is not responsible for the unauthorized use of my name, likeness, voice, printed or biographical material by these third parties, including, but not limited to the news media; web sites; downloading of images and videos from the Internet or social media networks such as YouTube, Facebook or Flickr; or other distribution networks that may be developed; now or in the future.

I represent that: (i) unless signed by a parent or legal guardian below, I am at least 18 years of age; and (ii) I have read the above and fully understand it, and am knowingly and voluntarily executing this release without compensation.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Telephone (optional): \_\_\_\_\_

Parent/Guardian signature (if under 18): \_\_\_\_\_



**Oregon State**  
University



## OREGON 4-H YOUTH DEVELOPMENT PROGRAM - YOUTH CODE OF CONDUCT

The 4-H Pledge does a great job of stating what we hope young people will learn and do in 4-H. ***I pledge my head to clearer thinking*** – this means a 4-Header is committed to learning the knowledge and skills that will help them to make wise decisions, and develop independence, which is an Essential Element of 4-H. In doing the work of developing independence, a 4-Header must be committed to exercising self-discipline, and thoughtful action.

By signing this form, I agree to conduct myself in a responsible manner and abide by all expectations as stated:

1. Treat all people, places and things at 4-H events and activities with respect.
2. Behave in ways that are respectful to other members, adult volunteers, and program leadership.
3. Be caring; do not hurt other people or myself.
4. Treat animals humanely and provide them appropriate care.
5. Be honest; admit it and apologize when you make mistakes.
6. Be present and on time to 4-H program activities and participate in all scheduled sessions.
7. Cooperate with adult volunteer's and Extension faculty and staff's leadership. Contact the adult volunteer or Extension faculty/staff regarding any conflict or problems during the activity or event.
8. Use technology during free time, or in ways that contribute to the goals of the program.
9. Use good judgement in selecting clothing appropriate for weather and occasion, and dress in accordance with any safety requirements associated with specific activities.
10. Not possess nor use alcohol, tobacco, fireworks, weapons, illicit drugs, or medication(s) not prescribed to me or in a manner not in keeping with my prescription.
11. Know and follow the applicable policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program.
12. Behave in accordance with applicable federal, state, and municipal laws.

I have read and agree to the Code of Conduct above. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or my membership privileges.

Youth Name Printed \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Oregon State University Extension Service prohibits discrimination in all its programs, services, activities, and materials on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, genetic information, veteran's status, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Accommodation requests related to a disability should be made at least two weeks prior to the event to the Extension office at \_\_\_\_\_ . This publication will be made available in an accessible alternative format upon request. Please contact the Extension office at \_\_\_\_\_ .



This document is subject to change. Visit [youth.oregonstate.edu/standards](http://youth.oregonstate.edu/standards) for current version.

**Standards of Behavior for Adults Working in  
Programs and Activities with Minors**

As a condition of involvement in a university youth program, as defined in University Policy 07-040 (Safety of Minors), all employees, parents, and volunteers must review the OSU Standards of Behavior prior to working in a youth program, and annually thereafter.

I AGREE TO THE FOLLOWING:

*Conduct*

- I understand that I am responsible for reading and abiding by any rules and guidelines set by the program, as well as all applicable laws and university policies.
- I will abide by the [University Code of Ethics](#) and will promptly report any violation of law or university policy about which I become aware, including harassment, sexual misconduct, illegal or fraudulent activity, conflicts of interest or other unethical conduct.
- I will treat all youth equitably, with regard to their actions or behavior, sex, gender, sexual orientation, race, color, religion, culture, place of birth, age, class, ability, health, citizenship, language or other identities.
- I will not consume alcohol while on duty or responsible for the care of minors.
- I will not sell, use, possess or distribute drugs or related items that would violate the law or university policies.
- I will refrain from using vulgar language or making comments of a sexual nature in the presence of a minor, or making sexually explicit materials available to a minor.
- I will not, under any circumstances, administer corporal punishment, engage in abusive conduct, or fail to provide the basic necessities of care, such as food, water or shelter to minors.
- I will promptly respond to incidents concerning the health and safety of minors and other program participants, and will act swiftly to report known or suspected instances of child abuse or neglect in accordance with Oregon State Statute and OSU reporting requirements.
- I will notify the County 4-H Faculty/Staff within three days of pleading guilty or being convicted of a felony, sex offense or other crime relevant to my security-sensitive position.

*Communication*

- I will limit communication with minors to topics related to sanctioned activities and will include a second adult in any in-person meetings or direct electronic communications (i.e., text messaging, email, phone, social media, etc.).
- I will conduct all virtual interactions and online communications with minors in a manner that is consistent with the program's general safety and supervision guidelines, and only when there is a clear educational or programmatic purpose.
- I understand that parent or guardian permission is needed in advance of capturing and using any media (i.e., photos, videos, recordings, etc.) containing minors, and that such media may only be used for its intended programmatic purpose.

*Supervision*

- I will carry out program activities in a way that ensures adequate levels of supervision and avoids one-on-one interactions with minors.
- I understand that at no time should I be alone privately with a single, unrelated youth in the context of a university program or activity. If one-on-one interaction is necessary, I will meet in an open, well-illuminated area within sight or sound of another adult.
- I will promptly notify the County 4-H Faculty/Staff if I become aware of any unauthorized contact that occurs outside of the program between a youth program participant and an employee or volunteer who is not the minor's parent or guardian.
- I will only release minors to their parent or guardian or a documented emergency contact, unless an alternative method of transportation or release is authorized in writing by the parent or guardian.
- I will handle vehicles, equipment and machinery in a safe and responsible manner, complete required trainings, and have applicable licenses and insurance.
- In my role, I will provide appropriate care and treat animals humanely. I will help others do the same.
- While planning fundraising, I will help ensure that the promotion and activities are approved through Extension staff for appropriate use of the 4-H Name and Emblem. Handle fundraising and funds in accordance with OSU and national 4-H regulations. (As public assets, 4-H funds must be used for educational purposes and never deposited into an individual's bank account.)

I understand and agree to abide by the OSU Standards of Behavior. I acknowledge that any violation of these standards could lead to disciplinary action, up to and including termination.

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