



Oregon State University
 Extension Service
 Benton County



Official Use Only	
Date:	Amount \$
Circle One: Cash	Check#
Initials	

Oregon 4-H Member Enrollment Form – Benton County 2017-2018

4-H Members must be ages 9-19 as of 9/1/2017

Membership Fees: Check or Cash is accepted. Checks payable to: OSU Extension Service – Benton County (Once processed, no fees will be refunded.)
 \$25 per member before January 15th, 2018 for the first 2 family members (the 3rd & additional family members will be \$7 each)
 \$30 per member after January 15th, 2018 for the first 2 family members (the 3rd & additional family members will be \$10 each)
 \$7 per Cloverbud member (Must be age 5-8 as of 9/1/2018)

Legal Name (please print) _____

Last First Middle

Address _____

Street/Mailing Address City State Zip

E-mail _____

Birthdate _____ **Gender** Male Female **Years in 4-H** _____

Home Phone _____ **Cell Phone** _____

School _____ **School Grade** _____

Parent 1 _____
<i>Last First</i>
Cell Phone _____
Work Phone _____
E-mail _____
<input type="checkbox"/> Legal Guardian

Parent 2 _____
<i>Last First</i>
Cell Phone _____
Work Phone _____
E-mail _____
<input type="checkbox"/> Legal Guardian

Ethnicity (check one) Hispanic Not Hispanic

Race (check all that apply)

White Black/African American Alaskan/Am Indian Hawaiian/Pac. Island Asian Other Prefer not to state

Residence (check one) Farm Rural/10,000 Town/10-50,000 Suburb/50,000 City/50,000

Member of Military family? YES NO If "YES" which branch? _____ **Reserve/Guard?** _____

List any special accommodation needed to participate in this program: _____

Project Area	Club Name	Years in Project
<i>Example: Sheep</i>	<i>Wooly Wranglers</i>	<i>4</i>

MARK ALL 4-H PROJECTS THAT YOU WILL BE INVOLVED WITH

✓	Project Area	✓	Project Area
	CITIZENSHIP AND CIVIC EDUCATION		NUTRITION AND HEALTH
	Citizenship*		OFNEP
	Cultural Education		Foods and Nutrition*
	World Citizenship/International Programs		Food Preservation*
	COMMUNICATIONS AND EXPRESSIVE ARTS		EFNEP*
	Public Speaking*		Health
	Creative Writing		Fitness and Sports
	Videography		First Aid/CPR
	Clowning		Vision Education
	Dance		Safety
	Drama		Tractor/Machinery Certification*
	Music		Search and Rescue
	Art*		Bicycle Safety*
	Ceramics*		Auto Safety
	Cake Decorating		ATV Safety
	Art - Rubberstamping		PERSONAL DEVELOPMENT AND LEADERSHIP
	Photography*		Career Exploration
	Graphic Arts		Economics, Business & Marketing
	Leather Craft*		Leadership Development
	Fiber Arts*		Junior Leadership*
	FAMILY AND CONSUMER SCIENCES		4-H Ambassador
	Child Care/Development*		Camp Counselor
	Babysitting*		Leisure Education
	Clothing and Textiles*		Hobbies and Collections
	Consumer Education		PLANTS AND ANIMALS
	Designing Spaces*		Agriculture in the classroom
	Parenting and Family Life		Crops
	Knitting*		Gardening, Vegetables & Herbs*
	Crocheting*		Gardening, Flowers & Ornamentals*
	NATURAL SCIENCES		House Plants
	Project WILD*		Ornamental Horticulture
	Environmental Stewardship*		Container Gardening
	Wildlife Stewards*		Beef*
	Water Quality/Watershed Education*		Poultry*
	Geology*		Pigeons*
	Weather		Dairy Cattle*
	Marine Science*		Horse and Pony*
	Energy		Rabbits*
	Forestry*		Cavies*
	Range Science/Native Plants		Dogs*
	Wildlife		Guide Dogs
	Entomology*		Cats
	Honeybee		Small Animals*
	OUTDOOR EDUCATION AND RECREATION		Sheep*
	Sportfishing & Aquatic Education*		Swine*
	Challenge		Goats – Dairy*
	Shooting Sports		Goats – Angora
	Archery*		Goats – Pygmy*
	Rifle*		Goats – Meat
	Pistol*		Llamas
	Muzzleloading		Veterinary Science*
	Shotgun*		SCIENCE AND TECHNOLOGY
	Western Action Shooting		Science and Technology Literacy
	Hunting		Renewable Energy
	CLOVERBUDS PROGRAM – AGES 5-8 AS OF 9/1/2017		Aerospace/Aeronautics
	4-H Cloverbuds		Rocketry
	OTHER?		GPS/GIS/Geography
			Computer
			Wood Science*/Woodworking
			Tractors and Equipment*
			Small Engines

Type of activity: county/area state regional national (check one)

Name of event/activity Oregon 4-H Events

Participant's Name: _____
Last First M.I.

Address: _____
Street Address

City State Zip Code

Participant is: Adult Youth Male Female _____
Grade Birth Date Home phone

Emergency Contact: _____
Name Relationship

Daytime phone Evening phone

Cell phone Other

Health Statement (to be completed by parent, physician or adult participant)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related 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, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

X
 Signature of Parent/Guardian or Adult participant Date

OREGON 4-H YOUTH DEVELOPMENT PROGRAM
YOUTH CODE OF CONDUCT

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. *(Swearing, harassment, and bullying are not allowed.)*
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. *(I will notify the appropriate supervisor if I have a health or schedule problem.)*
9. Use technology *(cell phones, computers, tablets, mp3 players, game devices, etc.)* during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection *(PDA)*. *(It is distracting and inappropriate.)*
12. Know and follow federal, state and local laws that apply to my age *(e.g., tobacco, alcohol, illicit drugs, fireworks)*.
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. *(Such as: not leave the program area without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; and, any other additional safety policies established by a specific event or program.)*

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, lose my membership privileges.

Printed Member's Name

X

Member's Signature

Date

X

Parent/Guardian's Signature

Date

Revised July 2017, M. Lesmeister
Reviewed by: P. Rose, D. Hart, M. Lesmeister, R. Dixon, M. Livesay, D. White



ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: OSU Extension Service 4-H Program Benton County, Oregon

Group: 4-H Events **Date(s):** October 1st, 2017-September 30th, 2018

Participant Information **Name:** _____ **Age:** _____ **Sex:** _____

Street Address: _____

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: OSU Extension Benton County, 4077 SW Research Way, Corvallis, OR 97333 (541)766-6750

(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 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, up to and including death, may occur (*INSERT activities below*):

Risks associated with participation may vary according to the nature of the program or activity (e.g., use of equipment or tools that are related to learning projects.) I understand that I may contact the OSU Extension office to learn more about specific risks. 541-766-6750

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 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 and hold Oregon State University, its officers, board members, agents, and employees (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, 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 Student Code of Conduct, when applicable**) and with any state, city and 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.



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 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 that I may sustain while participating in any activity associated with the ACTIVITY.

*If your participation requires an accommodation, please contact OSU Extension Service Benton County 541-766-6750 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: X _____ Date: _____

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**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: X _____ 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.