



County _____
4-H Club (s) _____

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

Family Information:

Family Last Name _____ Family E-mail _____

Family Primary Phone _____

Family Mailing Address _____
Street/Mailing Address City Zip

Correspondence Preference mail email

Member Information:

Legal Name (please print) _____
First Middle Last

Birth Date _____

Gender: Male Female

Receive Newsletter's via E-mail?

Cell Phone _____

Is it okay to text this number? List Cell Phone Carrier _____ Year in 4-H _____

Parent 1 _____
First Last

Parent 2 _____
First Last

Cell Phone _____

Cell Phone _____

Work phone _____

Work phone _____

E-mail _____

Legal Guardian Send Mailing

Legal Guardian Send Mailing

Ethnicity (check one) Hispanic Not Hispanic

Race (check all that apply) White Black Alaskan/Am Indian Hawaiian/Pac. Island Asian
Balance/Other Prefer Not to State

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

Family Member in Military? Y N What Branch? _____ Reserve or Guard? _____

School _____ Grade _____

Project Name	Year in Project	Is project manual needed?	For Office Use Only
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>

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Make checks payable to the Union County 4-H Association

Office Use Only: S: _____ C: _____ I: _____ Date: _____ CK#: _____ Cash: _____ CC: _____
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ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: 4-H Enrollment

Group: Union County Date(s): Oct 1, 2019 – Sept 30, 2020

Participant Information Name: _____ Age: _____ Sex: _____
Street _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work _____ 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: Union County 4-H, 541-963-1010

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:

4-H Club activities

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 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 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.

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 Union County 4-H, 541-963-1010 at least one week (7 days) before the date of the ACTIVITY.

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: _____

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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: _____ 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.

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.

Print: Member's Name

Member's Signature

Date

Parent/Guardian's Signature

Date

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

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OFFICIAL 4-H HEALTH FORM

Rev. 1-2015

County _____

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

Name of event/activity _____

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.

Signature of Parent/Guardian or Adult participant Date

Members with animal projects must complete this form

Oregon 4-H Animal Science Exhibitor Agreement

This agreement applies to all 4-H members currently enrolled in animal science projects. I recognize that it is a privilege to exhibit my projects and will abide by the following guidelines:

1. I am an officially enrolled member of a 4-H Club in the state of Oregon.
2. I have owned/leased my project animal(s) prior to the required County ownership deadline. *The following deadlines apply to exhibiting at EOLS, Union County Fair and Oregon State Fair:*
Horse, Camelids – April 1st Market Beef – 120 days Sheep, Swine, Goats – 60 days
Dogs – 90 days Breeding Beef, Sheep, Swine and Goats – 90 days
Small Animals – 60 days (market fowl & rabbits 30 days)

The official ownership date is the date shown on the bill of sale or receipt of sale, unless the animal was bred and owned, in which case, calving or birth records will be utilized. (Individual show rules may determine ownership requirements for non-market animals.) Registered breeding livestock must show the exhibitor or their immediate family as the sole owner of the animal on the breed association papers or certificates. In the case of leased animals, leases must be on file at the County Extension Office by the county ownership deadline.

3. I will continuously own my project(s). If I sell my animal, I understand I may not repurchase the animal and continue to show it in the current project year. I may not show a market animal which has been previously sold at a county, regional, or major livestock show auction or sale in which the ownership of the animal has changed hands after the county ownership date. Showing an animal for another individual by claiming ownership in order to show in a specific livestock class or event is prohibited.
4. I will do my own work and be responsible for the feeding and care of my animal(s).
5. My project is a reflection of my efforts. I will accept the results of judging with grace and demonstrate good sportsmanship at all times.
6. I will represent my animal(s) honestly and will abide by all county, state and show rules. I understand that treating an animal internally or externally in any way to misrepresent the true nature of the animal is prohibited.
7. I understand all medications administered during a fair must be under the guidance of a licensed veterinarian.
8. I agree to participate in drug testing if requested by show officials. Animals with residues of illegal drugs will be disqualified and I will be subject to repayment of any money received from the sale of that animal.
9. I will treat my animal(s) humanely and with respect and provide for their continuous well-being through proper feeding, handling, disease prevention, sanitation and attention to their safety. I know that animals showing any evidence of prolapse or mechanical repair will not be allowed in exhibition.
10. The Oregon 4-H Program reserves the final and absolute right to interpret these guidelines and to settle all matters, questions, and differences related to this agreement.

A breach of this agreement or violation of specific rules as designated by individual fairs and livestock shows may result in forfeiture of premiums and awards, disqualification, and may result in probationary status and/or loss of eligibility for future participation in organized livestock competition.

I am verifying that I have read and understand the above terms and the consequences of and penalties involved for illegal, unethical, inhumane, and unfair practices in livestock competition.

4-H Member

Date

Parent/Guardian

Date