



# Washington County 4-H 2026 4-H Fair Exhibitor Packet



## YOUTH 4-H MEMBER

First:	Middle:	Last:
Birthdate:	Age:	Club:
4-H Level: <input type="checkbox"/> Cloverbud <input type="checkbox"/> Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Senior		
Address:		
4-H Youth Member Cell:	Home Phone:	YQCA Certificate # (animals only) <small><input type="checkbox"/> YQCA in 2025</small>
4-H Youth Member Email:		Family Contact Email:

## ACCOMMODATIONS REQUEST

Accommodation requests related to a disability should be made by at least two weeks before the fair event to Kristen Moore at [kristen.moore@oregonstate.edu](mailto:kristen.moore@oregonstate.edu). Please fill out a request form if your child needs a reasonable accommodation to have a safe and fun fair experience.

## PARENT/GUARDIAN 1

First Name:	Last Name:	Relationship:
Cell Phone:	Home Phone:	Work Phone:
Email:		
Address (if different):		

## PARENT/GUARDIAN 2

First Name:	Last Name:	Relationship:
Cell Phone:	Home Phone:	Work Phone:
Email:		
Address (if different):		

## EMERGENCY CONTACT

Name:	Phone :	Relationship:
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## Check here if you are participating in the 2026 Horse Fair.

Is your animal leased? If yes, you <b>must provide a copy of your lease agreement.</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will you be camping at the fair? Camping is through the fairground: <a href="http://www.bigfairfun.com">www.bigfairfun.com</a>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you participating in the <b>WCLA Auction?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

What is your shirt size?	YOUTH	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> OTHER: _____
	ADULT	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> OTHER: _____

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**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

PLEASE PRINT

**Activity:** 2026 Washington County 4-H Fair

**Group:** Washington County 4-H **Date(s):** July 1, 2026 - August 4, 2026

**Participant Information** Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
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: \_\_\_\_\_

Washington County 4-H, 1815 NW 169th Place #1000, Beaverton OR 97006 WashingtonCounty4h@OregonState.edu 503-821-1119

(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*):

... including but not limited to animal handling, horseback riding, shooting sports, use of sharp tools or equipment, food preparation, physical recreation, travel by vehicle, overnight stays, outdoor and environmental education activities, participation in contests or fairs, and interaction with the public.

**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, defend and hold harmless Oregon State University, its officers, trustees, agents, and employees (hereafter referred to as **UNIVERSITY**) 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 or injury 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.

Insurance and Risk



**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 (but excluding gross negligence, reckless or intentional conduct).

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 a medical facility 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 Dr. Kristen Moore - 503-821-1120 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**

# Washington County 4-H Fair Expectations



The Washington County 4-H Youth Development program strives to help youth develop competencies in their projects, confidence in themselves, connections to their community, and experience opportunities to build sound character. The Washington County 4-H Fair is one way youth can showcase their skills and learning. It is critical that the actions of each member of the 4-H community including parents, guardians, relatives, supporters, and volunteers contribute to the goal of creating a positive, equitable, and safe learning environment for all 4-H youth.

As a 4-H member, Parent/Guardian, Family Member/Relative, or Volunteer, I will:

- Understand and act in accordance with the:
  - **OSU 4-H Rules and Policies,**
  - **Oregon 4-H Participant Code of Conduct,**
  - **Oregon 4-H Code of Conduct for Adults**
  - and the **General Rules, HEARTH, Animal Science,** and **specific project area rules** as published in the **2026 Washington County 4-H Fair Book.**
  
- Attend and actively participate in a **Get Ready for Fair** meeting.
  - The Small Animal & Livestock Get Ready for Fair Meeting is on **Tuesday, July 7, 2026.**
  - The HEARTH Get Ready for Fair Meeting is on **Wednesday, July 15, 2026.**
  - If unable to attend, it is the sole responsibility of the 4-H member and their parents/guardians to contact Kristen Moore at [kristen.moore@oregonstate.edu](mailto:kristen.moore@oregonstate.edu) to obtain meeting information.
  
- Understand and follow, if need be, Communication and Emergency Response protocols as shared in the Get Ready for Fair meeting.
  
- Understand and act in accordance with the protocols established to minimize animal-to-human and animal-to-animal disease transmission, commonly referred to as Biosecurity policies.
  - Information will be shared during the Get Ready for Fair meeting.
  
- Wear 4-H lanyard and/or wristband at all times on the fairgrounds to access non-public areas that are designated for 4-H and FFA participants only.
  - If lost, it is the sole responsibility of the 4-H member and parents/guardians to contact 4-H staff for a replacement.
  - Giving someone a 4-H lanyard and/or wristband without permission from 4-H staff will result in violation.
  
- Have a supervision plan for all youth in my care (including youth 4-H members and younger siblings) that covers the time they are on-site and not conflict with my volunteer responsibilities or 4-H youth exhibition schedules.
  - I will have an alternative supervision plan when my responsibilities as a 4-H volunteer or Superintendent conflict with supervising youth in my care.

# Washington County 4-H Fair Expectations



**4-H Exhibitors, Parents/Guardians, and Volunteers who violate the above expectations will expect the following consequences:**

1. You will be required to have an in-person conversation about the expectation violation and develop an intervention plan with the 4-H Faculty.
2. You may be asked to surrender your wristband and/or 4-H lanyard and leave the fairground premises by the Washington County 4-H faculty after consultation with the State 4-H Program Leader.
  - a. Any 4-H exhibitor who is asked to leave the fairgrounds will automatically forfeit all ribbons, awards, premiums and be ineligible to participate in the remainder of the 4-H, FFA, and Auction shows for the fair as well as the Oregon State 4-H Fair.
3. You will be asked to reimburse the proper entity for any property damage or for liability resulting from inappropriate actions. In the case of vandalism, the guilty party may be required to reimburse 4-H and/or the facility.
4. Further disciplinary action, as determined by the Washington County 4-H Faculty and State 4-H Program Leader, could include:
  - a. Restriction from contacting other 4-H families, volunteers, donors, and/or sponsors pertaining to the 4-H incident.
  - b. Becoming ineligible to attend any further 4-H activities.
  - c. Becoming ineligible to participate or enroll in the Washington County 4-H program.

*I have read and agree with the Washington County 4-H Fair Expectations above. I understand that if I violate any part of this agreement, I may be asked to leave a 4-H activity at my own expense. I also understand that if I cause personal or public safety concerns, I may lose eligibility to participate in some future 4-H Youth Development events, and/or lose membership privileges.*

YOUTH 4-H EXHIBITOR

PARENT/GUARDIAN -or- ADULT VOLUNTEER

Name

Name

Signature

Signature

Date

Date

# Oregon 4-H Participant Code of Conduct

## Definitions

- **“4-H Participant”** — youth 4-H members, youth attending 4-H events, and youth and adult volunteers.
- **“4-H event”** — all activities delivered by or in coordination with the OSU 4-H program, including but not limited to 4-H meetings, shows, camps, retreats, contests, fairs, or open house.

The 4-H Pledge inspires us to grow as individuals and contribute positively to our communities. “I pledge my Head to clearer thinking...” reminds us that learning, wise decision-making, and independence are central to the 4-H experience. Whether you're a youth member or an adult volunteer, we all share the responsibility to act with integrity, kindness, and respect.

## As a 4-H participant, I agree to uphold the following expectations:

### Respect and Responsibility

- Treat all people, animals, places, and property with care and respect.
- Speak and act respectfully toward others, including fellow participants (youth members and adult volunteers), staff, and partners.
- Be honest and take responsibility for my actions. If I make a mistake, I will acknowledge it and make amends.

### Safety and Well-being

- Act in ways that promote physical and emotional safety for me and others.
- Treat animals humanely and ensure their proper care.
- Follow all safety guidelines and wear appropriate clothing for activities and weather conditions.

### Participation and Engagement

- Be present, punctual, and actively engaged in scheduled 4-H activities.
- Cooperate with 4-H Participants (youth members and adult volunteers), Extension personnel, and community partners (FFA Advisors, Auction Committee Members and Fairgrounds Staff and Board Members).
- Communicate respectfully and promptly with 4-H personnel if any issues or conflicts arise.

### Use of Technology

- Use technology in ways that support learning, connection, and the goals of the program.
- Limit personal use of devices to appropriate times and settings.

## Healthy Choices

- Not use alcohol, tobacco, nicotine, marijuana, vapes, fireworks, weapons, illicit drugs, or non-prescribed medications at 4-H events. **Those showing signs of being under the influence during 4-H events may be asked to leave.**
- For youth participating at 4-H events refrain from possessing or using alcohol, tobacco, vaping products, fireworks, weapons, illegal drugs, or medications not prescribed to me or used improperly.
- Adult volunteers please center youth safety and positive role modeling when choosing what to have in possession during a 4-H event.

## Integrity and Accountability

- Follow the policies of Oregon State University, the OSU Extension Service, and the Oregon 4-H Youth Development Program including the 4-H Club Charter.
- Abide by all applicable federal, state, and local laws.

## Acknowledgment

I understand that these expectations are in place to ensure a safe, respectful, and enriching experience for everyone involved in 4-H. If I do not follow this Code of Conduct, I may be asked to leave the activity or event, and I may lose future participation privileges.

Participant Name (Printed): \_\_\_\_\_

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

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

Parent/Guardian Signature (if participant is a minor): \_\_\_\_\_

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

Rev. 9/2025



**Oregon State**  
University



# Oregon 4-H Code of Conduct for Adults: Parents, Families, and Invited Attendees

At Oregon State University Extension, we are proud to offer 4-H Youth Development programs that families across Oregon trust to be safe, inclusive, and educational. Participating in 4-H is a privilege and an honor—not just for youth, but for everyone involved. Oregon 4-H participants (currently enrolled 4-H members and 4-H volunteers) follow the [4-H Participant Code of Conduct](#).

**Definition “4-H event”** includes all activities delivered by or in coordination with the OSU 4-H program including but not limited to 4-H meetings, shows, camps, contests, fairs, or open house.

## Oregon 4-H Code of Conduct for Adults

We ask that all adults—whether you're a parent, guardian, volunteer, or invited guest attending a 4-H event—model the respectful, encouraging behavior we want our youth to learn. Your actions help create a welcoming space where young people can grow, learn, and thrive.

As a reference point, we invite adults to embody the spirit of the **4-H Pledge** in their interactions:

*"I pledge my Head to clearer thinking,  
my Heart to greater loyalty,  
my Hands to larger service,  
and my Health to better living,  
for my club, my community, my country, and my world."*

By aligning with these values—thoughtful decision-making, kindness, helpfulness, and well-being—we ensure that our shared spaces reflect the core principles of 4-H and support positive youth development.

By demonstrating behavior that aligns with the Adult 4-H Code of Conduct outlined below, adults help ensure that 4-H experiences remain positive, safe, and enriching for all participants.

### **This Code of Conduct applies to:**

- Immediate adult family members of a 4-H participant at any 4-H event
- Invited adults attending a 4-H event

### **All 4-H parents, family members and invited adult individuals attending Oregon 4-H events are expected to:**

- Work with youth, families, volunteers, and Extension personnel in a cooperative, courteous, and respectful manner, demonstrating good sportsmanship and positive role modeling
- Accept direction from Extension personnel, and cooperate with project volunteers, superintendents, and other designated 4-H leaders

- Maintain open, honest communication with members, volunteers, parents, and Extension personnel
- Uphold every individual's right to dignity, appropriate self-expression, and personal development
- Refrain from bullying, verbal, physical, or emotional abuse (including via but not limited to texting, and social media), and report to 4-H personnel or other Extension personnel such behavior if observed or experienced
- Treat animals humanely and encourage ethical animal care in alignment with Oregon 4-H procedures, best practices and guidelines
- Not use alcohol, tobacco, nicotine, marijuana, vapes, fireworks, weapons, illicit drugs, or non-prescribed medications at 4-H events. **Those showing signs of being under the influence during 4-H events may be asked to leave.**
- Inform Extension personnel of any incidents that may violate this Code of Conduct
- Handle concerns regarding 4-H programming through the county Extension office's established protocols

### Consequences of Violating the Code

Violations of this Code of Conduct may result in actions up to and including removal from the 4-H activity or program and loss of future participation privileges at 4-H events. Decisions regarding removal, suspension, or termination will be made by the county or local 4-H professional, with consultation from State 4-H Youth Development Leadership and/or the Regional Director.

On property not owned or controlled by Oregon State University, removal decisions will be made by the property owner/management and/or local law enforcement. OSU 4-H reserves the right to limit access to 4-H shows, activities, and designated club areas—including barns—when violations occur on non-OSU property during 4-H events.

By signing this document, I acknowledge that I have read, understand, and agree that I and my immediate family and adults I invite to support my youth will abide by this Code of Conduct.

Youth Name (Printed): \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

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

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

Rev 9/2025



**Oregon State**  
University





## Standard Health Form

Name \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_

<b>Allergies</b>	Yes	No	If yes, please describe the reaction and how it is treated.
Does this person have allergies or sensitivities (food, medication or environmental)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the allergies listed life threatening to this person? If yes, please describe the allergen and how it is treated.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dietary Needs</b>	Yes	No	If yes, please list below.
Does this person have any dietary needs or restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication</b>	Yes	No	Please list any medications and instructions for administering.
Does this person require medication?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Questions</b>	Yes	No	If yes, please describe.
Is this person currently under medical treatment? Do they have medical conditions, or a recent history of medical procedures, illness or injuries to consider during their participation?	<input type="checkbox"/>	<input type="checkbox"/>	
To support their needs, does this person use or rely on any devices?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there anything that you would like us to know for the comfort or success of this individual at this activity or event?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medical Insurance Information</b>	Yes	No	Company name & Policy Number
Is this person covered by medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby give permission to the medical personnel selected by the person in charge of the 4-H event/program 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/program 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.

**Signature** (parent/guardian if participant is a minor) \_\_\_\_\_

**Date** \_\_\_\_\_



### Paperwork for Adults

#### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

1. Each adult who will be onsite during the 2026 Washington County Fair to assist 4-H youth members with their projects must complete an **Acknowledgement of Risk and Waiver of Liability**.
2. **Add and include a separate form for each adult.**
3. Adults only need to sign this form once regardless if you have multiple kids participating in the fair.

#### PARKING

1. You will be contacted in mid-June at the "Family Contact Email" with parking and wristband/gate pass information. Please contact the 4-H Office with any changes to your email address.
2. Please note: Signing the Acknowledgement of Risk and Waiver of Liability does not guarantee the issuance of a parking pass, wristband, or gate pass.

**Please Return Form To:** OSU Extension Service 4-H, 1815 NW 169<sup>th</sup> Place - Suite 1000, Beaverton, Oregon, 97006  
There is a drop box outside the front door that is available 24/7

-or- upload to: <https://beav.es/FairEntry> (Horse Entries upload to: <https://beav.es/HorseFairEntry>)

**DO NOT EMAIL FAIR ENTRY FORMS TO THE 4-H OFFICE**    **2026 Fair Entry Deadline – MAY 15, 2026**

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

PLEASE PRINT

**Activity:** 2026 Washington County 4-H Fair

**Group:** Washington County 4-H **Date(s):** July 1, 2026 - August 4, 2026

**Participant Information** Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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(INSERT Department contact name, address and phone number)

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**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, defend and hold harmless Oregon State University, its officers, trustees, agents, and employees (hereafter referred to as **UNIVERSITY**) with respect to any and all claims, injuries, illnesses, and costs associated with my participation in this **ACTIVITY**.

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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 or injury 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**.

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\*If your participation requires an accommodation, please contact Dr. Kristen Moore - 503-821-1120 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: \_\_\_\_\_

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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.

**COMPLETE BOTH SIDES OF THIS FORM**