



# Washington County 4-H 2026 4-H Volunteer Fair Paperwork



## Welcome to the 2026 Washington County Fair!

All 4-H Volunteers are required to fill out paperwork to be on-site and assist youth at the fairground.

**This form is intended for volunteers who do not have children entered in the fair.**

Fair credentials and passes will not be issued without signed paperwork on file.

You will be contacted in mid-June with parking and wristband/gate pass information. Please contact the 4-H Office with any changes to your email address.

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).

CONTACT INFORMATION		
First:	Middle:	Last:
Phone # at Fair:	Email:	Club:

EMERGENCY CONTACT		
Name:	Phone :	Relationship:

T-SHIRT SIZES	
What is your shirt size?	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> OTHER: _____

Check here if you are participating in the 2026 Horse Fair.	<input type="checkbox"/>
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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
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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: \_\_\_\_\_

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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**

# 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.*

ADULT VOLUNTEER

Name

Signature

Date