Oregon State University
Extension Service
Washington County

Washington County 4-H

2025 4-H Fair Exhibitor Packet

Turn in your Exhibitor Packet and Fair Entry Form(s) to the 4-H Office or upload to: **https://beav.es/FairEntry**
Do not email your fair entry form to the 4-H Office. **Emailed forms WILL NOT BE ACCEPTED**.

YOUTH 4-H MEMBER		
First:	Middle:	Last:
Birthdate:	Age:	Club:
4-H Level: ☐ Cloverbud ☐ Junior ☐ Intermediate ☐ Senior		
Address:		
4-H Youth Member Cell:	Home Phone:	YQCA Certificate # (animals only)
4-H Youth Member Email:		

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:

Check here if you are participating in the 2025 Horse Fair. ☐		
Is your animal leased? If yes, you **must provide a copy of your lease agreement**.	☐ No	☐ Yes
Will you be camping at the fair? Camping is through the fairground: www.bigfairfun.com	☐ No	☐ Yes
Are you participating in the **WCLA Auction**?	☐ No	☐ Yes

What is your shirt size?

YOUTH ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ OTHER: _____

ADULT ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ OTHER: _____

Please Return Form To: OSU Extension Service 4-H, 1815 NW 169th Place - Suite 1000, Beaverton, Oregon, 97006
-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 **2025 Fair Entry Deadline – MAY 15, 2025**

Oregon State University
Extension Service
Washington County

Washington County Fair 4-H Exhibitor Official Health Form

Rev. 04-2022

Type of Activity: ☒ County/Area ☒ State ☐ Regional ☐ National (check one)

Name of Event/Activity: Washington County Fair & State 4-H Fair

Participant's Name:	Last:	First:	Middle:
Address:			
Home Phone:	Participant's Cell Phone:	Birth Date:	Grade:

Participant Is: ☐ Male ☐ Female ☐ Non-binary ☐ Gender Identity Not Listed ☐ Prefer Not to Respond

Emergency Contact #1	Name:	Relationship:
	Daytime Phone:	Evening Phone:
	Cell Phone:	Other:

Emergency Contact #2	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 allergies or sensitivities? If yes, please describe:	Yes ☐	No ☐
Does the participant have any dietary restrictions? If yes, please describe:	Yes ☐	No ☐
Does this person require any medication? Please list any medications and instructions for administering.	Yes ☐	No ☐
Physician Name:	Physician Phone:	
Are there any restrictions or modifications to the activity or program environment that 4-H staff need to consider to ensure this person's successful participation? If yes, please describe:	Yes ☐	No ☐
To support their needs, does this person use or rely on any devices? If yes, please describe:	Yes ☐	No ☐
Medical Insurance Company:	Policy Number:	
Has there been a recent history of medical procedures, illness or injuries to consider during this person's participation? If yes, please describe:	Yes ☐	No ☐

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 _____

Oregon State University

Washington County & Oregon State 4-H Fair

Insurance and Risk
Management Services
(541) 737-7252
risk.oregonstate.edu

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: Washington County Fair & Oregon State 4-H Fair

Group: Washington County 4-H Date(s): July 1, 2025-Sept 30, 2025

Participant Information Name: _____ Age: _____

Address: _____

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: Kristen Moore, 1815 NW 169the Place, Suite 1000, Beaverton, OR 97116, 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)*:

interaction, care, and feeding of animals, use of equipment such as sewing machines
… under the supervision of OSU Extension 4-H employees and/or volunteers

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.

COMPLETE BOTH SIDES OF THIS FORM

Oregon State University

Insurance and Risk
Management Services
(541) 737-7252
risk.oregonstate.edu

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 Kristen Moore, 503-821-1120, kristen.moore@oregonstate.edu 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

Oregon State University
Extension Service
Washington County

Washington County 4-H Fair
Code of Conduct

The primary goal of the 4-H Program is to help youth develop competencies in their projects, confidence in themselves and others, connections to their community and sound character. Actions by 4-H Members, Parents, Volunteers and people associated with the 4-H Program will be consistent with the six core ethical values comprising good character: trustworthiness, respect, responsibility, caring, fairness and citizenship. The annual Washington County 4-H Fair is an opportunity to showcase the skills and learning that 4-H youth have developed over the course of the past year.

The well-being of all 4-H program participants is important. Everyone has responsibilities at fair. *As a 4-H Member, Parent/Guardian, Family Member/Relative, or Volunteer I will:*

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me. We will make all reasonable efforts to assure equal access to participation for all youth and adults regardless of race, creed, color, sex, national origin or disability. Decisions will be made fairly and treat all individuals and families with impartiality.
3. Teach and model kindness and compassion for others. Recognize that all people have skills and talents which can be used to help others and improve the community. Teach and foster teamwork and discourage selfishness.
4. Be willing to ask for guidance to make good decisions and take appropriate actions. Practice fair-mindedness by being open to ideas, suggestions and opinions of others.
5. Treat all people and property with respect, courtesy, consideration and compassion. Avoid and prevent put-downs, insults, name calling, swearing and other language or nonverbal conduct likely to offend, hurt or set a bad example.
6. Obey laws and rules as an obligation of being a good citizen. I will accept responsibility for the proper treatment and care for youth, adults, and animals, the fairground facilities and/or equipment.
7. Wear appropriate clothing for Washington County 4-H Fair activities. I will follow the specific dress code, if provided.
8. Be present and on time for all meetings, shows, programs, duties and other parts of the program. I will keep informed about 4-H program policies and projects and read materials pertaining to Washington 4-H.
9. Use technology (cell phones, computers, tablets, game devices, etc.) during free time, or in ways that contribute to the goals of the program. I will not use technology for inappropriate texting/social media posts, intimidation, or harassment. I understand this will not be tolerated.
10. Not engage in Public Displays of Affection (PDA). I will provide a safe environment for all parties involved in 4-H. I will protect those involved from sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful behaviors.
11. Not use or be under the influence of alcohol or illegal substances while working with, or participating in any part of the 4-H Program.
12. Know and follow safety policies of the Oregon State University Extension Service, Washington County 4-H, and the guidelines of the 4-H Youth Development Program.
13. Participate in the Fair Safety Training (formerly biosecurity training) and the YQCA training & provide certification prior to exhibiting animals at the Washington County Fair.
14. Clean and sanitize or change my shoes and wash my hands before leaving animal areas to minimize contamination of public areas.
15. Avoid consuming food and beverages inside animal areas. Animal program participants may drink beverages from containers with a twist off cap while in animal areas due to heat and amount of time spent at the Fair.
16. Understand that Animal Science participants including but not limited to exhibitors, their family members, relatives, helpers, visitors, friends, staff, and volunteers shall not alter any portion of the animal areas (including but not limited to animal and public walkways, panels, gates, pens, showrings, signage, and handwashing or sanitizing facilities).
17. Only allow approved individuals with wristbands assigned by 4-H office into restricted or non-public animal areas.

Oregon State University
Extension Service
Washington County

Washington County 4-H Fair
Code of Conduct

4-H Participants, Parents/Guardians, and Volunteers who do not abide by the above Washington County 4-H Fair Code of Conduct, can expect the following consequences:

- You will be required to have a personal conversation about the Conduct Violation with the Washington County 4-H Faculty.
- If the Conduct Violation involves fair safety (formerly called biosecurity) your assigned livestock wristband can be immediately surrendered to the Washington County 4-H Faculty and will not be re-issued for the duration of the Fair. This means the 4-H Member, parents, family member, volunteer, or leader may forego the remainder of 4-H/FFA/Auction shows for the fair.
- You may be asked to leave the fairground premises by the Washington County 4-H Faculty.
- Any 4-H Exhibitor who is asked to leave the fairground will automatically forfeit all ribbons, awards, premiums, and be ineligible to participate in the Oregon State 4-H Fair.
- Further disciplinary action can be determined by the Washington County 4-H Agent, which could include (but is not limited to):
    - Restriction from contacting 4-H families, volunteers, donors, and/or sponsors pertaining to any 4-H matter;
    - Becoming ineligible to attend any further 4-H activities;
    - Becoming ineligible to participate in the Washington County 4-H Program.
- Reimbursing 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.

I have read and agree to the Washington County 4-H Fair Code of Conduct 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.

***For Animal Science Participants Only**: As Parent/Guardian of the 4-H Youth Exhibitor, I/We will ensure that all individuals who receive a wristband upon my/our request will abide by the terms and understand the consequences of violating the Washington County 4-H Fair Code of Conduct. I/We will support the decision of the Washington County 4-H Faculty as final in the event of surrender for those whom I have requested wristbands.*

YOUTH 4-H EXHIBITOR

Name

Signature

Date

PARENT/GUARDIAN 1 -or- ADULT VOLUNTEER

Name

Signature

Date

PARENT/GUARDIAN 2 -or- ADULT VOLUNTEER

Name

Signature

Date

(Rev. 2025) Adapted From: Revised July 2017, M. Lesmeister Reviewed by: P. Rose, D. Hart, M. Lesmeister, R. Dixon, M. Livesay, D. White

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-Her 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-Her 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 _____

Rev. 9/2022

Oregon 4-H Animal Exhibitor Agreement

(Complete Only if Entering Animals)

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 Washington County 4-H Club in the state of Oregon.

2. I have owned/leased my project animal(s) prior to April 1, 2025, Washington County's required ownership deadline, with the exception of certain market rabbits & market poultry and approved replacement animals.

   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 OSU Extension Service Washington County 4-H Office by the county ownership deadline of** May 1, 2025.

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. To be eligible to sell animals in the **WCLA Youth Prime Livestock Auction**, exhibitors shall comply with all related rules and policies.

5. I will do my own work and be responsible for the feeding and care of my animal(s).

6. My project is a reflection of my efforts. I will accept the results of judging with grace and always demonstrate good sportsmanship.

7. 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.**

8. I understand all medications administered during a fair must be under the guidance of a licensed veterinarian.

9. 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.

10. I will treat my animal(s) humanely and with respect and provide for their continuous well-being though 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.

11. 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.

Print Member's Name

Member's Signature

Date

Parent/Guardian/s Signature

Date