



BEHAVIOR EXPECTATION STATEMENT: It is important to follow the directions of the FFI/4-H Advisors at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature Date

INSURANCE POLICY INFORMATION

I understand that ISU Extension purchases a primary accident insurance policy to cover 4-H members during authorized 4-H events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits.

initial date

To be read and signed by Parent/Guardian:

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities, and that I will inform the program leader of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION* The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section for any reason, contact the County Extension office for a participation waiver.)

initial date

PUBLICITY/IMAGE/VOICE PERMISSION During 4-H activities, a photograph or video/audio recording may be taken of your child. Your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/videotape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the 4-H program leader.

initial date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.) I give permission for _____ to participate in the 4-H program.

I understand that 4-H club project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate as an Iowa 4-H club member in the 4-H club program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent Signature

date

... and justice for all

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