

## Iowa 4-H Youth Member Enrollment and Release Forms



First and Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Family Email \_\_\_\_\_ Member Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Gender (Male, Female, Gender Identity Not Listed, Prefer Not to State) \_\_\_\_\_

Parent/Guardian 1 Full Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian 2 Full Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Full Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Ethnicity: Hispanic or Not-Hispanic? \_\_\_\_\_  
Race (White, Black, American Indian or Alaskan Native, Native Hawaiian or Pacific  
Islander, Asian, Prefer Not to State): \_\_\_\_\_

Residence (farm, town, town/city, suburb, central city): \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Military (No one in my family is serving, I have a parent serving, or I have a sibling  
serving): \_\_\_\_\_ If so, which branch: \_\_\_\_\_  
In what capacity (Active Duty, National Guard, Reserves): \_\_\_\_\_

My child has medical conditions (yes/no): \_\_\_\_\_ If so, what does Iowa 4-H  
need to be aware of? \_\_\_\_\_

My child has allergies (yes/no): \_\_\_\_\_ If so, what is the child allergic  
to? \_\_\_\_\_

Is the child on any prescribed or over the counter medication (yes/no): \_\_\_\_\_  
If so, which ones? \_\_\_\_\_

Primary 4-H Club Name: \_\_\_\_\_  
Project Areas: \_\_\_\_\_  
Secondary 4-H Club Name: \_\_\_\_\_  
Project Areas: \_\_\_\_\_

## Youth Consent and Authorizations

**Code of Conduct:** BEHAVIOR EXPECTATIONS of the Participant: It is important to follow the directions of the staff and volunteers in charge of programs at all times. I must also abide by Iowa State University Extension and Outreach's rules and conduct expectations. I understand that, as a participant, I have the responsibility to help make the learning opportunity 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. I agree to follow the Code of Conduct for Iowa 4-H Youth and Families found at the following link: <https://iastate.box.com/v/webdoc4HP3410>.

**Iowa Exhibitor Code of Ethics (Parent and Youth):** Youth represent the entire program and their behavior reflects on their parents, leaders, club and the entire youth program. All adults involved with the youth program, leaders as well as parents, are expected to set positive examples and serve as positive role models by what they say and do. Download/print and read the [Iowa Exhibitor Code of Ethics](#).

**Iowa State University Information:** Iowa State University wishes to send you the latest information about our university by email and postal mail. Your personal information will always be treated with the utmost care, and we will never share your information with entities who are not associated with Iowa State. By clicking "Agree", you consent to receive information from Iowa State University including but not limited to scholarships, financial aid, and academics.

**Program Evaluation and Research:** The Iowa State University Extension and Outreach 4-H Program annually assesses the extent to which youths' engagement in 4-H learning experiences impact their lives. The overall purpose of Iowa 4-H's program evaluation and research efforts is to inform and improve 4-H educational learning experiences with all Iowa youth. Throughout the 4-H programming year, youth enrolled in 4-H learning experiences may be asked via a self-assessment tool to share perceptions of changes in their knowledge and actions/practices related to engagement in healthy living, STEM, citizenship and leadership, and/or communication and the arts learning experiences. The youth self-assessments do not ask for youths' names. Youths' self-assessment responses are confidential and results are reported in aggregate. You are free to decide not to have your child participate in any Iowa 4-H program evaluation or research project, or to withdraw your child at any time, without adversely affecting your child's Iowa 4-H participation. Your decision will not result in any loss or benefits to which your child is otherwise entitled. **YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN 4-H PROGRAM EVALUATION AND RESEARCH EFFORTS. BY SIGNING THE LINE BELOW YOU CERTIFY THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.**

**Publicity Release:** During the Program and associated activities, photographs and video/audio recordings may be taken of you. In addition, during virtual programs, your location, setting, or other personal information may be electronically captured and displayed. Your typed name below will be considered permission for Iowa State University Extension and Outreach and the faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future, without any restrictions or additional consideration. If you object to Iowa State University Extension and Outreach using your image or voice in this manner, please notify the program faculty or staff in writing prior to participating.

**Release of Liability:** I give my permission for myself and/or my youth to participate in the Iowa 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 (ISU) and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that I or 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 myself or my child participate as an Iowa 4-H club member in the 4-H club program and ASSUME the RISK of participating. I hereby **RELEASE FROM LIABILITY AND COVENANT NOT TO SUE**, the State of Iowa; the Board of Regents for the State of Iowa; Iowa State University; Iowa State University Extension and Outreach, and the County Agricultural Extension District, and all of their respective officers, employees, agents, and volunteers (the "Releasees") from any and all liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that may be sustained by myself or my child, or to my property resulting, in whole or in part, from my own or my child's participation in the Program, to the fullest extent permitted by law. In addition, the undersigned, on behalf of themselves and any personal representatives, heirs, assigns, and next of kin, **HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any and all liability for injury, including illness, disability, and death, and property loss or damage that may result from, arise out of, or be related to my own or my child's participation in the Program, to the fullest extent permitted by law. I HAVE READ THIS AGREEMENT IN FULL, AND I UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

***Risk of Participating in Virtual/Online 4-H Programs:*** I acknowledge that I know, understand, and accept the potential risks associated with my own or my child's participation in online programs and virtual meetings. I understand that Program staff are not providing supervision for me or my child during the online programs, and the University, Iowa State University Extension and Outreach, and County Agricultural Extension District do not have control over the information available through the internet or other electronic data sources. Sites accessible through the internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, or potentially offensive to others. The risks may include, but are not limited to: "Zoombombing" or other similar disruptions, cyber bullying, identity theft, hacking, intentional or inadvertent exposure to the types of materials described above, exposure to potentially triggering subject material in writing, art, or spoken word, personal injury including death, and loss or damage of personal property.

***Transportation:*** I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H Club events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

I am giving my permission for my child to be transported during an authorized 4-H activity or event.

***Youth Medical Consent for Events:*** I understand and agree that my child (Participant named above) is sufficiently healthy and reasonably fit to safely participate in the Iowa 4-H program. I understand and agree to inform program leader(s) of any condition that may affect my child's ability to safely participate in the Program, and to work with program leader(s) to develop a written safety plan regarding my student if I have such concerns. I recognize that there may be occasions where my child may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. Therefore, I authorize Iowa State University (the University), Iowa State University Extension and Outreach staff, County Agricultural Extension District staff, representatives, and volunteers to provide routine first aid and to seek emergency medical treatment for my child, including consenting to x-rays, examinations, and other medical diagnoses and treatments. I agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may

occur during their participation in the Program. As parent or legal guardian of my minor child, I am authorized to consent to the services to be rendered and I represent that my consent to and agreement to pay for medical and/or hospital care or treatment is legally sufficient and that no consent from any other person is required. In addition, I agree to hold harmless and agree to indemnify the State of Iowa, the Board of Regents for the State of Iowa, the University, Iowa State University Extension and Outreach, County Agricultural Extension District, and their staff, representatives, and volunteers from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_