



# Florida 4 H Participation Form



Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4 H Age: \_\_\_\_\_

Last

First

Home Address: \_\_\_\_\_ Youth    Adult    Female    Male

City, State, Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

LastName: \_\_\_\_\_ FirstName: \_\_\_\_\_ 4 H County: \_\_\_\_\_

## Florida 4 H Participation Form: Youth and Adults Official Authorizations

**Florida 4-H Events—Youth/Adult Code of Conduct:** As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

**Participant:** Yes      No      I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

**Medical Release:** I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. *You must complete the medical information on the back of this sheet.*

Yes    No      **I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.**

**General Release:** I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes    No      **I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.**

If If If

**Publicity Release:** I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

**No, I do not authorize use of my—or my child’s individual image or voice.**

**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before competing a survey or an evaluation.

**No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

You must complete both sides.

