



Johnson County 4-H Event/SPIN Participation Form

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Please print with blue or black ink to allow for photocopying.

4-H Event / SPIN Club: _____ Today's Date: _____

Location: _____

Name _____ County/District _____
Last First

Address _____ Birth Date _____ Age _____ Youth Female
City KS Zip MM/DD/YY Adult Male

E-mail _____ Home Phone _____

Emergency Contact #1 _____ Phone HWC _____ Phone HWC _____
 Emergency Contact #2 _____ Phone HWC _____ Phone HWC _____

Name of Family Doctor _____ Doctor's Phone _____
 Health Insurance Company _____ Policy # _____
 Name of Insured _____ Relationship to Participant _____

VOLUNTARY HEALTH HISTORY

Reporting conditions will not prevent a person from attending and will be kept confidential.

Please indicate "Yes" or "No" to the following conditions related to the participant.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Auto Immune Disease..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Seizures/Convulsions | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Migraines | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Stroke History | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Wear Glasses/Contact Lenses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Penicillin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Aspirin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Other Drug Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Food Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Serious Insect Stings | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Serious Ivy, Oak or Sumac Poisoning | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Other Serious Allergies or Reactions.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Current Special Dietary Needs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Conditions | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary needs, current medications, any specific activities to be restricted and other comments. Attach an additional sheet of paper, if necessary.

What else should we know about your child? 4-H programs include very rewarding, but sometimes challenging, situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health so we can help your child participate in 4-H. Attach an additional sheet of paper, if necessary.

Date of Last Tetanus Shot _____

The following over-the-counter medications may be administered to my child, without contacting me.

- Antihistamine (Benadryl) Antacid Ibuprofen (Advil) Acetaminophen (generic, Tylenol)
 Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotics)
 Please contact me for permission to administer any over-the-counter medications.

PUBLICITY RELEASE

I waive any rights to and consent to the recording and use of my or my child’s image and likeness by releasees. I understand and voluntarily authorize the releasees to: (1) record my or my child’s participation and appearance on videotape, audio tape, film, photograph, electronic data or image, and/or any other medium (collectively referred to as “Photographs”); (2) use and/or publish my or my child’s name, likeness, voice, biographical material, and/or other private and/or public facts and/or opinions (collectively, “Likeness”) in connection with or separate from these Photographs; (3) exhibit and distribute such Photographs and/or Likeness in whole or in part, without restrictions or limitation, for any communications, educational, marketing, advertising, publicizing, promotional, and/or any other purpose which the releasees deem appropriate.

I understand and consent that my or my child’s Likeness and any Photographs may be posted on and/or accessible to the public via the Internet and other media. I waive any right that I or my child may have to inspect and/or approve any finished Photographs or Likeness products or the use to which it may be applied, and I understand and consent that neither I nor my child will receive financial compensation in exchange for use of the Photographs and/or Likeness. Without limiting the foregoing releases, waivers, and discharges, I (and on behalf of the successors) specifically hold the releasees harmless from any and all types of liability related to the Photographs and/or Likeness, including without limitation, for negligence or invasion of privacy of any and all types, and for damages to my person, property, and/or reputation, including without limitation damages related to any blurring, distortion, alteration, or optical illusion that may occur and/or be produced in any manner whatsoever.

I Agree I Do Not Agree

Participant Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

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 evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in program evaluations is voluntary and that I and my child may choose not to participate and may withdraw from evaluations without impact on my or my child’s eligibility to participate in the 4-H program.
- I understand that I or my child may be asked for consent before completing an evaluation.

I Agree I Do Not Agree

Participant Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

KANSAS 4-H PARTICIPANT CODE OF CONDUCT, PARTICIPANT AGREEMENT, AND CONSENT, WAIVER, RELEASE AND ASSUMPTION OF RISK

The 4-H Code of Conduct is intended to foster a safe environment that encourages optimal learning and growth. The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – **youth, families, volunteers, and Extension staff** – who participate in or attend any activity or event sponsored by Kansas State Extension 4-H Youth Development Program are expected to uphold the values of the Kansas 4-H program and conduct themselves according to the following standards listed below. These standards also apply to online 4-H activity, including social media and internet presence. Whether online or in person, this Code of Conduct is to guide participants to think critically, behave safely, and participate responsibly in our shared world. The following Kansas 4-H Code of Conduct is a condition of participation in any Kansas 4-H activity or program.

When I participate in 4-H programs, I agree to:

1. Be present, attentive and engaged in the 4-H activities. Practice good sportsmanship, be helpful to others, uphold ethical practices in 4-H projects and events, and never cheat or falsely represent efforts related to 4-H project activities.
2. Know and follow federal, state and local laws that apply to minors (e.g., no use of alcohol, illicit (non-prescribed) drugs, and tobacco in any form) even when I am 18 or 19 years old and still a program participant.
3. Use language and actions that do not substantially interfere with others’ participation in the program. (Swearing, harassment, and bullying are not allowed.) You are personally responsible for any damage you cause as a result of your behavior, including the cost of any physical injury or property damage you cause in the course of your participation in any program or event.
4. Know and follow safety policies and procedures of Kansas State University, Kansas State Research and Extension (KSRE), and guidelines of the 4-H Youth Development Program, as applicable to this program. (Such as: not leaving the program area without permission from the program supervisor; be in assigned lodging and program areas during activities; abide by curfew hours; and, any other additional safety policies established by a specific event or program.)
5. Obey all rules and directives that apply to the 4-H activity where I am involved.
6. Use mobile electronic devices during a scheduled 4-H activity only in a manner that is consistent with the approved activity and not disruptive.
7. Apply these conduct standards also apply to online 4-H activity, including social media and internet presence.

I acknowledge and agree that:

- a) I have read and agree to abide by the Kansas 4-H Participant Code of Conduct. I agree to comply with the policies, rules, and regulations of the Kansas 4-H Youth Development program.
- b) I am bound by Kansas State University's standards of appropriate conduct found in applicable University policies, including but not limited to the non-discrimination policy (PPM 3030), and the Threat Management Policy (PPM 3015).
- c) Failure to abide by this participation agreement may result in restrictions on my participation during a current or future 4-H event.
- d) I am responsible for any costs associated with my dismissal or removal from any program event or activity, or any physical injury or property damage I cause during the course of any program or event.
- e) I have received, read, understand, and accept the terms and conditions related to participation in the 4-H Youth Development program as stated above. I understand that my or my minor child's failure to comply with the requirements of participation may result in dismissal or removal from the program, at my own expense.
- f) I consent to my or my minor child's participation in all activities during program events, including but not limited to riding in vehicles operated by the releasees (defined below) to and from events during the event, as and if applicable.
- g) In consideration for my or my minor child's participation in KSRE programs, including but not limited to 4-H Youth Development, I WAIVE, RELEASE, AND DISCHARGE for myself and my heirs, executors, administrators, legal representatives, assigns, and successors in interest ("successors"), Kansas 4-H Youth Development, K-State Research and Extension, Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, and employees (all collectively referred to as "releasees"), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to my or my minor child's participation in Kansas 4-H Youth Development.
- h) I give permission to the releasees to act in my absence to authorize members of the medical profession and any hospital to treat me or my minor child for illness or injury suffered during the event. Without limiting the foregoing release, waiver, and discharge, I (and on behalf of the successors) specifically hold the releasees harmless in the exercise or non-exercise of such permitted action and related decisions. I shall assume responsibility for all medical expenses and recognize that no medical insurance is being provided by or through the releasees.
- i) I grant permission for the releasees to store the medications supplied by me or my child in a safe location in order for my child to access it to self-administer or for me to administer during the event. I understand that I must label all medications with the child's name. I understand that releasees will not dispense or administer or instruct about medications, and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.
- j) Misrepresentation of the individual providing signatures (electronic or in-person) or falsification of provided personal information will result in termination of program participation.

Participant Signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact K-State Research and Extension, Johnson County, 913-715-7000 or Michelle White-Godinet, Assistant Director of Affirmative Action, Kansas State University, (TDD) 785-532-4807.

K-State Research and Extension is an equal opportunity provider and employer. Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Councils, Extension Districts, and United States Department of Agriculture Cooperating, J. Ernest Minton, Director.