

## Florida 4-H Participation Form for Youth and Adults

**Directions:** This form, along with a *Florida 4-H Youth Enrollment Form*, must be completed by a parent or legal guardian for a youth participant. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H. Online enrollment is also available at the 4-H Online Enrollment website <https://v2.4honline.com/>.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Youth's Age (As of Sept.1, 2023): \_\_\_\_\_

Gender Identity:  Female  Male  Prefer Not to Respond

Home Address: \_\_\_\_\_ 4-H County/District \_\_\_\_\_

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

Name of Parent/Guardian or Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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

### HEALTH FORM

Please provide relevant information for all "Yes" responses. Reporting conditions will not prevent a person from participating.

Does the participant have any special dietary restrictions or requirements?  Yes  No \_\_\_\_\_

Does the participant have any airborne food allergies?  Yes  No \_\_\_\_\_

Does the participant have any ingested food allergies?  Yes  No \_\_\_\_\_

Does the participant have any non-food allergies?  Yes  No \_\_\_\_\_

Does the participant have any health needs or recent medical issues, injuries and/or surgeries?  Yes  No \_\_\_\_\_

Does the participant use an EpiPen?  Yes  No \_\_\_\_\_

Does the participant use an inhaler?  Yes  No \_\_\_\_\_

Do any specific activities need to be restricted for the participant?  Yes  No \_\_\_\_\_

Does the participant require accommodations for a disability and/or a special need to participate in 4-H programs? Please provide information about accommodations needed.  Yes  No \_\_\_\_\_

Are there any other health related comments you would like to share?  Yes  No \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Date Tetanus Vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_

# 4-H Participation Form for Youth and Adults: Authorizations/Consents

## MEDICAL CONSENTS

**Acknowledgement of Good Health:** I acknowledge that I or my child am/is in good physical condition and have listed above any medical, mental or physical condition or other reason that I or my child should not participate in Florida 4-H or which could interfere with my safety in Florida 4-H, or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition. Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees does not require my or my child's participation. My or my child's participation in Florida 4-H is purely voluntary, and I elect to participate, or for my child to participate, in spite of the risks and known or unknown dangers associated with Florida 4-H.

**First Aid Consent:** I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my or my child's insurance.

**Medication Consent:** I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging I have provided. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.\*

Yes  No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. \*

Parent/Guardian or Adult Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Florida 4-H Code of Conduct for Youth and Adults:** As a participant\* in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report to the well-being of any participant immediately to the adult in charge.
4. Possession or use of tobacco, e-cigarettes or vaping devices, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
5. Possession or use of weapons or other dangerous objects is prohibited in accordance with Florida law, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
7. Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Dress appropriately for each 4-H function.
9. Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
10. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

\*Participant includes a parent or guardian that is assisting their child or another youth at a UF/IFAS Extension Florida 4-H event/program.

**Failure to abide by the Code of Conduct could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

**Youth or Adult Agreement:** \_\_\_\_\_ (Initials) Yes\*\* I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.

**Parent/Guardian Agreement:** \_\_\_\_\_ (Initials) Yes\*\* I understand and agree to the Florida 4-H Code of Conduct Above.

**Transportation Policy:** I understand that all volunteers and/or parents, faculty and staff who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order.

I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

\_\_\_\_\_ (Initials) Yes\*\* I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant.

**Publicity Release:** I hereby give my permission for Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (collectively, RELEASEES) to photograph me or my child or otherwise record my or my child's image before, during and after my or my child's participation in Florida 4-H Activities and to publish such image or depiction (all such photographs, videos, images, or depictions collectively referred to hereafter as the "Photographs") in any form of publication, including but not limited to print, electronic, video or Internet, with or without associating my or my child's name thereto. I further permit RELEASEES to use the Photographs, without my or my child's prior approval, for any legal purpose without payment or compensation to me or my child in any form. I agree that any intellectual property rights associated with such Photographs are the sole property of RELEASEES. I may not revoke the grants of permission and consent, covenants, understandings and agreements contained herein.

\_\_\_\_\_ (Initials) Yes No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant \*\*\*

**Consent to Limited Data Collection:** I hereby give permission for Florida 4-H to collect information from me or my child for the limited purpose of enrollment and participation. I understand that this information will not be shared with any third-party, unless otherwise required by any third-party platform provider for participation. For additional information on the University's privacy policies, please visit <https://privacy.ufl.edu/privacy-policies-and-procedures/onlineinternet-privacy-statement/>.

\_\_\_\_\_ (Initials) Yes I understand and agree to the Limited data collection consent.

**Identification of Risk:** In consideration for my and/or my child's participation in Florida 4-H, I hereby VOLUNTARILY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE AND HOLD HARMLESS Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (Collectively, RELEASEES) from any and all liability, arising out of any loss, damage, or injury, including death, that may be sustained by me, my child, or to any property belonging to me, or both, including but not limited to any claims, demands, actions, causes of action, judgements, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my or my child's participation in Florida 4-H activities or while in, on or upon the premises where Florida 4-H activities are being conducted, including such loss, damage, injury or death that may result from RELEASEES' own negligence, and I further WAIVE any right that I, my family, heirs, representatives, or assigns might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF RELEASEE(S) USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASEE(S) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASEE(S) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

\_\_\_\_ (Initials) **Yes\*\*** I understand that I or my child will be participating in Florida 4-H and **may include, but not limited to; club meetings, interactions with animals and livestock, shooting sports, and outdoor camping activities. I understand the risks for me or my child that are associated with participation in Florida 4-H.**

**Acknowledgement of Risk** I am fully aware of the risks and hazards connected with participation in Florida 4-H, and its equipment and activities, including but not limited to injuries resulting from contact with any person(s) who may come into contact with me (or my child) or from contact with other person(s)/object(s); injuries resulting from my (or my child) coming into contact with other person(s) or objects including but not limited to person(s), walls, structures, ropes, equipment, or the ground; injuries that occur from negligence or lack of adequate training; injuries or death resulting from use of the facility, event, or any equipment of host, during the engagement of any activity; injuries or death resulting from the failure of equipment or poor judgment related to the use of any equipment; injuries or death resulting from my (or my child's) physical or health conditions (whether disclosed to the Released Parties or not); personal property theft and other crime, which could result in serious or mortal illness, injuries and property damage. I acknowledge that there exists a possibility of physical injury or death in observing or participating in the event(s) and am fully aware that there may be risks and hazards unknown to me or my child connected with participating in said event(s). Because of the dangers of participating in the event(s), I acknowledge and understand the importance of following rules and regulations established by Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees. I hereby agree that I or my child will obey such rules, regulations, and instructions. I hereby voluntarily elect to participate in such event(s), knowing that conditions may be hazardous or dangerous to me or my child and my property.

\_\_\_\_ (Initials) **Yes\*\*** I hereby voluntarily elect to participate in such event(s), knowing that conditions may be hazardous or dangerous to me or my child and my property.

**Survey and Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. person age 18 or older, 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and/or 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/or 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 completing a survey or an evaluation.

\_\_\_\_ (Initials) **Yes No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult (age 18 or older) Participant \*\*\***

**\* Consent is required to participate in Florida 4-H.**

\*\*Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

\*\*\*Consent is not required to participate in Florida 4-H.

Youth or Adult Participant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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