

4-H Activity Authorization Statements



NDSU EXTENSION SERVICE

Member Name: _____ County: _____

- **Code of Conduct/Participation Expectations:** We/I have read and agree to abide by the North Dakota 4-H Participant Expectations and the North Dakota 4-H Code of Conduct Policy and Procedures. The full policy is available online at www.ndsu.edu/fileadmin/4h/ClubMaterials/PB731.pdf. We/I am aware that my actions and decisions affect myself as well as others. We/I am aware that violations may result in consequences. Parents and legal guardians attending or participating in 4-H youth development programs also agree to conduct themselves according to the North Dakota 4-H Participant Expectations and the North Dakota 4-H Code of Conduct Policy and Procedures, and assist and support youth in their efforts to adhere to the Expectations and Code.
- **Media Release:** I hereby give permission to the NDSU Extension Service to use any photographs, video or audio of me (or my child, if under 18) taken by designated 4-H activity photographers for programs, promotions, web sites or for any other educational use by the NDSU Extension Service. I also recognize that these photographs, video or audio tape are the property of the NDSU Extension Service.

I give permission. I do not give permission.

- **Medical Authorization:** I understand that the youth will be supervised and that, if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accidental injury or illness. I further understand that, in case of a medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child and do solemnly swear or affirm that the health history and medical information I have provided is true and correct to the best of my knowledge and belief. I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes and understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.
- **Privacy Statement:** The contact and health information requested on the Member Enrollment Form and Health Form is private. The information will be used as necessary to assist the member in the event of an emergency, to help ensure safe participation by the youth in 4-H programs, and to provide information to the youth about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared with 4-H and North Dakota State University for the uses described above and may be released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law.

Note: *North Dakota 4-H limits information posed online to the following: first name, last name, school grade, club, county, city and point of participation (event title, placing, awards, etc.).*

- **Assumption of Risk and Release:** I hereby release, waive, discharge and covenant not to sue North Dakota State University, its officers, agents, employees, and North Dakota 4-H all of which hereinafter known as "NDSU" from all liability to the undersigned. In consideration of being permitted to participate in North Dakota 4-H, the undersigned in full recognition and appreciation of the dangers and hazards inherent in the above activity, does hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hold harmless, release and forever discharge NDSU from and against any and all liability, damages, claims, demands, actions, or causes of actions, on account of damage to personal property or personal injury or death which may result from my participation therein whether caused by the negligence of NDSU or otherwise. The undersigned hereby assumes full responsibility for, and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of NDSU or while participating in the above described event.

By signing below, the parent/guardian agrees to the each of the above statements on his or her own behalf and on behalf of the youth; the youth, if eighteen years or older, agrees, on his or her own behalf, to each of the above statements; the youth, if under eighteen years old, agrees to abide by the Code of Conduct.

Youth Signature _____ Date ____/____/____

Parent/Legal Guardian Signature _____ Date ____/____/____