Authorization Statements 4-H Year: 2016-2017

County/Sovereign Nation: __________________________________________

Member Name: ____________________________________________________

- Code of Conduct. We have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) Code of Conduct for Youth AND Code of Conduct for Parents including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct will result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by University of Minnesota Extension 4-H Youth Development. (NOTE: The Minnesota 4-H Code of Conduct is also available online at www.4-H.umn.edu/policy or as a printed copy from the County Extension Office.)

- Medical Authorization. If an injury or illness develops during an activity or event, medical care will be provided and parent/guardian will be notified as soon as possible. We/I authorize each of the following: (a) the health history and medical information I have provided is correct and the member has permission to engage in all program activities as noted. We/I understand that it is our responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which the member intends to participate; (b) if an injury or other medical condition occurs or arises, We/I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; (c) We/I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) We/I understand that we are financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.

- Transportation Consent. I give permission for my minor child to be transported in a motor vehicle to and from 4-H activities for all events during the 4-H Year. Group transportation is not required for participation in 4-H activities and I understand that I can provide transportation for my child if I wish. I understand that my child is expected to follow all applicable rules for riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult supervisors or volunteers. I have read, understand, and discussed with my child that they (i) will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling; (ii) are expected to respect the vehicle they ride in and the people they travel with during the trip; and (iii) are to remain in their seats and not be disruptive to the driver of the vehicle. I recognize that activities involving motor vehicle transportation may pose a risk of personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects. I have been advised of the potential risks, I have full knowledge of the risks involved, and assume any expenses that may be incurred in the event of an accident, illness, or injury, whether I have authorized such expenses or not.

- Media Release. We/I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of members and/or their property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. We/I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration. (NOTE: For information on opting out of the photo release, contact local Extension staff: www.4-H.umn.edu/county)

- Privacy Statement. The contact and health information requested on the Member Enrollment Form and Authorization Sheet 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 member in 4-H programs, and to provide information to the member 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 within 4-H and the University of Minnesota 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: Minnesota 4-H limits information posted online to first name, last name, parent/guardian names, grade, club, county and point of participation (event title, placing, awards, etc.).

- Waiver and Release. Furthermore, We/I agree that all activities and use of all facilities relating to participation in 4-H activities, including transportation to and from such activities, shall be undertaken at the sole risk of the member/family and that Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and we/I do hereby expressly forever release, discharge, and hold harmless Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Minnesota, any 4-H program, their servants, agents, or employees. We/I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

By signing below, the parent/guardian agrees that the information included with this enrollment is complete and accurate; the parent/guardian also agrees to each of the above statements on his or her own behalf and on behalf of the member; the member, if eighteen years or older, agrees, on his or her own behalf, that the information included with this enrollment is complete and accurate and to each of the above statements; the member, if under eighteen years old, agrees to abide by the Code of Conduct.

Member Signature ___________________________ Date ______________

Parent/guardian Signature ___________________________ Date ______________

Parent/guardian Signature ___________________________ Date ______________

Revised 7/15/16