

New Jersey 4-H Event Release/Agreement Form for Adults

Both sides of this form must be completed and signed by all adults participating in 4-H overnight activities, field trips, and events requiring group transportation where youth are present, or any other events sponsored through the 4-H Youth Development Program as determined by the event coordinator. The form should be submitted prior to the event and kept by the event coordinator for at least 90 days after the event.

Information about the Adult Participant and Activity

Name of adult participant: _____

Address: _____

Telephone number: (____) _____ 4-H county: _____

Name of activity/event: _____

Name of 4-H group sponsoring or participating in this event: _____

Location of event: _____

Date and time of participation of individual named above: _____

Release of Liability

Although Rutgers Cooperative Extension will use the utmost precaution in guarding the health of all participants and preventing accidents, I release them from any liability in case of injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting me to and from this event, from any liability in the case of illness or injury.

Signature of adult participant

Medical Emergency Authorization and Health Information

In case of sudden illness or an accident to myself requiring immediate treatment or surgery while I am a participant in this activity, I authorize the 4-H event coordinator or other adults present to take such action as seems appropriate to protect my health and physical well-being. This authority extends to any physician(s) and/or surgeon(s) selected to perform medical and/or surgical procedures including examinations and tests necessary to preserve my life and well-being. All efforts will be made to contact the individual named as my emergency contact above in case of emergency.

Name of emergency contact	Phone number	Name of additional emergency contact	Phone number
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The following information is provided as an aid to the event coordinator in dealing with my well-being. I have the following conditions (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.):

Health Conditions: _____

Medications: _____

Health Insurance: Company _____ Group # _____ ID# _____

Signature of adult participant

New Jersey 4-H Volunteer Standards of Behavior

The primary purpose of these Standards of Behavior is to insure the safety and well-being of all 4-H participants (i.e., members, their parents, and families, staff and volunteers). These standards shall guide adult volunteer behavior during involvement in New Jersey 4-H. Just as it is a privilege for Rutgers Cooperative Extension to work with individuals who volunteer their time and energies to 4-H, a volunteer's involvement in 4-H is a privilege and a responsibility, not a right. *All non-staff adults participating in overnight 4-H events and activities are considered to be volunteers during the course of the event, and must agree to abide by the 4-H Standards of Behavior.*

4-H Volunteers will:

Uphold volunteerism as an effective way to meet the needs of youth and adults.

Uphold an individual's right to dignity, self-development, and self-direction; will not abuse any 4-H participant by physical or verbal means; and will report such abuse, if observed.

Accept supervision and support from county 4-H staff while involved in the program.

Accept the responsibility to represent their individual county 4-H program and the New Jersey 4-H Program with dignity and pride by being positive role models for the youth with whom they work.

Not commit a criminal act.

Inform county 4-H staff of any arrests or charges of criminal activity. (This may result in temporary suspension pending resolution of the case.)

Comply with equal opportunity and anti-discrimination laws.

Keep county 4-H staff informed of any incidents which may violate 4-H policies or personal rights.

Handle animals and operate machinery, vehicles and other equipment in a responsible manner.

Not require 4-H participants to purchase materials, equipment, animals or services from any specific places of business.

I understand that the coordinator of the event listed above is responsible for informing me of my responsibilities as an adult volunteer participant in this event, and will provide any specific training needed to carry out these duties. I have read, understand and agree to the New Jersey 4-H Volunteer Standards of Behavior. I also agree to perform my duties as explained, and to abide by the 4-H Code of Conduct and any other rules specific to this event. I understand that any action on my part that contradicts any portion of this agreement is grounds for immediate dismissal from this event at my own expense.

Signature of adult volunteer participant

Date

Media Release

I hereby authorize Rutgers Cooperative Extension to use any of all of my spoken and written comments about news articles, success stories, videotapes, and/or audiocassette tapes about the subject. I also acknowledge that the above-named organization has my permission to distribute my photograph and/or videotape clip as part of its educational programming efforts. I further acknowledge that my authorization and permission is voluntary and that I will not be paid any royalties, fees or other form of remuneration.

Signature of adult participant

By Rita Natale Saathoff, Regional 4-H Agent, South, 1997. Revised July 2003.

**RUTGERS COOPERATIVE EXTENSION
N.J. AGRICULTURAL EXPERIMENT STATION
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
NEW BRUNSWICK**

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