

TRAILER / TENT APPLICATION – WARREN COUNTY FARMERS’ FAIR

Name of Applicant _____

Address _____

Phone _____

Emergency Contact _____

Relationship to applicant _____

Emergency Contact Phone Number _____

Check one:

_____ Trailer (size _____)
\$25.00 electrical hook up fee – make check payable to Warren County Farmers’ Fair

_____ Tent (no hook up fee)

List the names and ages of anyone staying overnight in this trailer/tent: (signify “A” for adult)

Which adult(s) age 21 or older, will supervise this tent/trailer and its occupants during the fair and overnight?

I have read and agree to the Warren County Farmers’ Fair Overnight Policies. I understand that staying overnight on the fairgrounds during fair week is a privilege that can be revoked immediately if found to have broken the policies set forth by the Warren County Farmers’ Fair Association.

Signature of adult applicant

Date

Submit form by June 30. You will be issued an official 4-H permit if your application is approved.

NOTE: 4-H event permission forms / Adult event permission forms MUST be completed and handed in with this application. Copies of permission forms will be given back at the fair attached to your official 4-H permit.

WARREN COUNTY FARMERS' FAIR OVERNIGHT POLICIES FOR TENT/TRAILERS:

Please remember that as participants in the Warren County Farmers' Fair, 4-H members, volunteers, and parents are guests of the Warren County Farmers' Fair Directors. 4-H Youth Development works collaboratively with the Fair Directors to make the fair an enriching experience for youth. All adult chaperones (leaders and parents) must be fingerprinted and have had the youth protection training through Rutgers, the State University of New Jersey. Any unauthorized adult/youth found in the camping area will be asked to leave by fair security. A list of approved names will be given to security the first night at fair.

All 4-H members, volunteers, and parents must adhere to the Fair Directors' policies and procedures (on back) while on the Fairgrounds in addition to the following:

- Only 4-H members with specific fair responsibilities and approved volunteers (parents or 4-H leaders) can remain at the fairgrounds overnight.
- No 4-Her can stay overnight without a signed permission form that is on file with the 4-H Agent and in the appropriate tent.
- adults 21 years of age or older who stay overnight to chaperone must have a signed permission form that is on file in the 4-H building at the fairgrounds, have been fingerprinted, and participated in the youth protection training offered by Rutgers, the State University of New Jersey.
- 4-Hers can only stay overnight with the permission of the 4-H leader in charge and/or a responsible adult 21 years of age or older who will be in charge of that specific tent who has been fingerprinted and participated in the youth protection training offered by Rutgers, the State University of New Jersey. The only exception is youth staying with their own parent(s).
- The required ratio of adults (21 years or older) to youth for overnight events is 2 adults for every 3 youth.
- Two adults must be physically present throughout the night either in the tent/trailer or an adjacent tent/trailer. The only exception is youth staying with their own parent(s).

- All 4-Hers and parent chaperones staying overnight are expected to adhere to quiet hours on the fairgrounds.
- Youth must be in the sleeping area by 11:00 PM.
- Adult leaders and parent volunteers are responsible for all youth in their assigned tent.

Warren County Farmers' Fair Release and policy on alcohol and drugs

Herdsmen and their chaperone's hereby release the Warren County Farmers' Fair Association, Inc. its Directors, members, officers, employees, agents and sponsors from any and all responsibility or liability for injury or damages; and also agree to indemnify the Warren County Farmers' Fair Association, Inc. its Directors, members, officers, employees, agents and sponsors against damage claims, legal proceedings or judgments arising out of the transportation or exhibition of the Herdsmen and chaperone at the said Fair. Herdsmen and their chaperones further agree to hold the said Warren County Farmers' Fair Association, Inc., its Directors, members, officers, employees, agents, and sponsor harmless from any claim or suit for injury, damage or blame resulting from the participation in the Fair. Herdsmen and their chaperones hereby participate in the Fair at their own risk and recognize that they will be responsible for any accidents or injury incurred or property damage or injury to others caused by their or their animal and/or vehicle. They also agree to and understand that no alcoholic beverages are allowed on the Fairgrounds, on their person, or in their vehicle. If they are found to be under the influence or in possession of alcohol or other illegal substances, they understand they will be escorted off the Fairgrounds.

New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

Information about the Youth Participant and Activity

Name of Youth participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: (____) _____ Email Address: _____

4-H county: **WARREN** Birthdate: _____ Grade: _____

Name of activity/event: **2017 WARREN COUNTY FARMER'S FAIR 4-H SHOWS**

Name of 4-H group sponsoring or participating in this event: **WARREN COUNTY 4-H**

Location of event: **WARREN COUNTY FAIRGROUNDS, HARMONY, NJ**

Date and time of participation of individual named above: **FRIDAY, JULY 28 - SATURDAY, AUGUST 5, 2017**

Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Sign Here

Signature of parent or guardian: _____

Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

_____ Name of parent/guardian	_____ 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(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: _____

Medications/Instructions: _____

Health Insurance: Company Group# _____ ID# _____

Sign Here

Signature of parent or guardian _____

New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

Revised: January 2013

New Jersey 4-H 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.

Information about the Adult Participant and Activity

Name of Adult participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: (____) _____ Email Address: _____

4-H county: **WARREN** Have you gone through the appointed volunteer process? Yes No

Name of activity/event: **2017 WARREN COUNTY FARMER'S FAIR 4-H SHOWS**

Name of 4-H group sponsoring or participating in this event: **WARREN COUNTY 4-H**

Location of event: **WARREN COUNTY FAIRGROUNDS, HARMONY, NJ**

Date and time of participation of individual named above: **FRIDAY, JULY 28-SATURDAY, AUGUST 5, 2017**

Release of Liability

Although Rutgers Cooperative Extension and its event coordinator(s) 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.

Sign Here

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

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/Instructions: _____

Health Insurance: Company Group# _____ ID# _____

Sign Here

Signature of adult participant _____

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Signature of participant

Date

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 - No, do not use my name for any purpose.**
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Revised: January 2013

Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and County Boards of Chosen Freeholders. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.