

2021 WARREN COUNTY FARMERS' FAIR
4-H YOUTH PERMISSION/HOLD HARMLESS FORM

This form is to be completed and signed by all youth attending a Warren County Farmers' Fair 4-H Fair Event. Parents must sign 4-Her's form in appropriate places. This form must be submitted to the 4-H office prior to Fair.

Name: _____

Address: _____

Telephone#: (Home) _____ (Cell) _____

Names of Parents/legal guardian: _____

Emergency Contact other than parent: _____

Telephone #: (Home) _____ (Cell) _____

Primary Club: _____

Other Clubs: _____

PARENTAL PERMISSION AND RELEASE OF LIABILITY

*I hereby give my child named above permission to participate in the 4-H activities of Warren County Farmers' Fair from 7/31/21 to 8/7/21. Although Rutgers Cooperative Extension of Warren County, its 4-H staff and registered adult volunteers, the Warren County 4-H Leaders' Association, Inc., and the Warren County Farmers' Fair Association will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in the case of illness or injury as a result of participation in 4-H events/activities of the Warren County Farmers' Fair. Furthermore, I release the owner and driver of the car transporting my child to and from this event, from any liability in case of illness or injury. **By signing this form, I understand that the 4-H staff and volunteers are not responsible for providing permission for my child to leave their assigned 4-H work/shift area, nor are they responsible for supervising my child if or when they leave their assigned 4-H work (project/shift) area. Parents who want to restrict the areas that their child is allowed in during the Fair are for supervising their child themselves.***

Signature of parent or legal guardian: _____

Print Name: _____ Date Signed: _____

4-H YOUTH BEHAVIOR AGREEMENT

*THIS 4-H CODE OF BEHAVIOR outlined below applies to all youth who participate in 4-H activities related to Warren County Farmers' Fair. It is necessary for the protection of those present and for the protection of the 4-H organization from any justifiable criticism or liability. Failure to adhere to any of these guidelines may result in the child being sent home, and severe violations may result in disciplinary action including expulsion from the County Fair and/or future 4-H activities, **All 4-Hers must abide by the New Jersey 4-H Code of Conduct.***

1. All participants will abide by the policies and expectations of the Middlesex County 4-H program. All participants are to sign in each time they enter and exit the 4-H section of the fair and understand that their primary reason for being at the fair should be to assist with 4-H fair responsibilities.
2. All participants are expected to uphold the name of 4-H in all their actions. Appropriate and respectful dress is expected. No bare feet or sandals are allowed. Profanity and foul language will not be tolerated. 4-Hers are expected to exhibit dignified and restrained actions in expressing affection.
3. Continual refusal to participate in activities and/or responsibilities agreed upon with leaders in individual/project areas (ie. livestock, small animal, horse, etc.) will result in disciplinary action.

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4. Participants are expected to respect the individuality of all persons, to treat others with dignity, respect and kindness, to consider their needs as well as their own.
5. 4-H youth under the age of 18 are not allowed to smoke at 4-H activities and events.
6. No one is allowed to smoke in or within 10 feet of the tents or buildings of the fair grounds.
7. It is forbidden to be in the possession of, consume, ingest, or inhale any intoxicating beverage or drug.
8. Destroying 4-H/Fair exhibits or taking that which does not belong to you is absolutely forbidden.

MEDICAL EMERGENCY AUTHORIZATION AND HEALTH INFORMATION

In case of sudden illness or an accident to the above named participant requiring immediate treatment, transport, or surgery while he/she is a participant in the 4-H Activities of Warren County Farmers’ Fair , I authorize the 4-H staff or registered adult volunteer to take such action as seems appropriate to protect the health and physical well-being of the above participant. **All efforts will be made to contact the parent(s) or legal guardian(s) in case of emergency.** The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include such things as allergies, handicaps, diabetes, asthma, and medications needed.)

Signature of parent or legal guardian

Date signed

Health Conditions: _____

PARENT ACKNOWLEDGEMENT AND AGREEMENT

- I understand that when participating in this RCE/4-H activity I and/or my child will be required to follow rules and protocols designed to help keep everyone safe and well. These rules may include wearing a mask or face covering, practicing physical distancing, washing, or sanitizing hands, and cleaning and disinfecting surfaces, equipment, and materials. I agree, for myself and on behalf of my child, to follow all rules, procedures, and protocols as directed by the leader(s) of the RCE activity and understand that failure to do so may result in my/my child’s dismissal from the activity and barment from future participation.
- I acknowledge and understand that my/my child’s participation in this in-person RCE activity is voluntary and I am/my child is not required to participate. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily assume all risk of illness, injury, loss, and/or damage to person or property in any way associated with my participation in this RCE activity.
- If I am/my child is diagnosed with COVID-19, I will notify my local RCE/4-H program so they are prepared to assist with state contact tracing efforts as requested. I understand the RCE/4-H program may alert others who attended this 4-H Activity that COVID-19 exposure has occurred, and that such notification will not identify me/my child as the source. I will cooperate with state and local health officials to provide necessary information about the individuals with whom I/my child had close contact during the 48 hours prior to experiencing symptoms. If I am notified I/my child was exposed to COVID-19 at a RCE Activity I will participate in state contact tracing efforts, including responding to communications from contact tracing personnel.
- To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of New Jersey, Rutgers University, Rutgers Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any illness, injury, loss or damage to person or property in any way arising out of or relating to my/or my child’s conduct of or participation in RCE activities.

Signature of parent or legal guardian: _____

Print Name: _____ Date Signed: _____