

FAMILY TRAILER / TENT APPLICATION – WARREN COUNTY FARMERS’ FAIR

FAMILY NAME \_\_\_\_\_

Parent(s) first name \_\_\_\_\_

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 your children staying overnight in this trailer/tent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents: if your child is staying overnight, you MUST stay overnight with them in the tent or trailer. For 2021, we cannot allow a non-parent/guardian to supervise minors.

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. I agree that I will supervise my child each night we stay over at the fair.

\_\_\_\_\_  
Signature of adult applicant

\_\_\_\_\_  
Date

Submit form by July 9. 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 along with the 2021 COVID waivers for youth and adults. 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. 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. Parents **MUST** stay with their child and may not supervise or chaperone minors who are not family.

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.
- Parents staying overnight must have a signed permission form that is on file in the 4-H building at the fairgrounds.
- All 4-Hers and parents staying overnight are expected to adhere to quiet hours on the fairgrounds.
- Overnight guests must be in the sleeping area by 11:00 PM.

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

*Herdsmen and their parents 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 parents 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 parents 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.*

Revised 2021



# 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: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: Warren County Farmers' Fair

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

Location of event: Warren County Fairgrounds

Date and time of participation of individual named above: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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.

_____	_____	_____	_____
<b>Name of parent/guardian</b>	<b>Phone number</b>	<b>Name of additional emergency contact</b>	<b>Phone number</b>

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

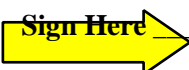
The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

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

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## 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.**

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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.



# 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: \_\_\_\_\_ Have you gone through the appointed volunteer process?  Yes  No

Name of activity/event: Warren County Farmers' Fair  
Name of 4-H group sponsoring or participating in this event: Warren County 4-H  
Location of event: Warren County Fairgrounds  
Date and time of participation of individual named above: \_\_\_\_\_

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## 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.

 **Signature of adult participant** \_\_\_\_\_

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## 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.


\_\_\_\_\_  
**emergency contact Phone number Name of additional emergency contact Phone number Name of**

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# \_\_\_\_\_

 **Signature of adult participant** \_\_\_\_\_

*Continued on other side*

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\_\_\_\_\_ Signature of participant \_\_\_\_\_ Date

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