



Permission to Participate and Informed Consent 2009 National Collegiate 4-H Conference, Minneapolis, Minnesota

I understand that I, _____, will be attending the 2009 National Collegiate 4-H Conference to be held February 19-22, 2008 in Minneapolis, MN. I understand that I will be traveling by motor vehicle to and from activities while at the conference. Related activities may include, but not be limited to, participating in on- and off-site educational programs: attending and actively participating in tours; recreational activities; staying in a hotel with other Collegiate 4-H members; and interacting with the local community. I understand that participation in this activity is strictly voluntary and is not a requirement for membership in the Collegiate 4-H program.

I have read and understand that:

1. Upon arrival at the National Collegiate 4-H Conference, I will fully participate in all conference programs and events;
2. Traveling by motor coach (tour bus) on highways, city streets, and/or rural roads, may result in personal injury or death from wrecks, collision or acts by other drivers or objects;
3. Participation in recreational activities, such as swimming, volleyball, kickball, or other sporting activities may result in injury, loss, or death as a result of actions of myself or other participants;
4. Locations visited, including Minneapolis, MN, may be densely populated and culturally diverse and where participants may see, hear or come in contact with individuals/ groups that are unfamiliar and/or unknown in their current place of residence;
5. Participants are expected to follow instructions of session leaders and other designated supervisors throughout the course of the trip;
6. Other participants may act in a negligent manner which otherwise may result in harm to myself;
7. I will accept responsibility to promote and support Collegiate 4-H and the 4-H Youth Development program and represent my state delegation with dignity and pride; and
8. I will conduct myself in a courteous and respectful manner, exhibit good sportsmanship and provide a positive role model for all conference participants.

I recognize that by participating in this activity, as with any activity involving travel, motor vehicle transportation and interaction with unfamiliar surroundings, I may risk personal injury. I hereby attest and verify that I have been advised of the potential risks (and have asked if I do not understand a potential risk), that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I have read this entire Permission to Participate and Informed Consent document and all associated National Collegiate 4-H Conference materials. I fully understand it and agree to be bound by it.

If under 18, parental consent is necessary in order to participate in conference activities.

Participant Signature

Date

Parent's or Guardian's Signature (if minor)

Date



Health Registration Form

Contact Information

Name: _____
Last First Middle

Address: _____
Street City State ZIP

Phone #: _____ E-mail Address: _____

Emergency Contact Name: _____ Cell Phone: _____

Relationship to Delegate: Parent Guardian Other Home Phone: _____

Address: _____
Street City State ZIP

Health Information

Member has the following:

- Health problems (check all that apply):
 Asthma Convulsions Fainting Spells Physical Impairment
 Bronchitis Diabetes Heart Trouble Hay Fever
 Other (list) _____

- Allergies or reactions to drugs (check all that apply):
 Aspirin Penicillin Other (list) _____

- Allergies or reactions to foods (check all that apply):
 Dairy Gluten Peanuts Shellfish
 Other (list) _____

- Allergies or reactions to things in nature (check all that apply):
 Insect bites or stings Ivy/oak/sumac toxins Other (list) _____

Member has a condition that requires medication: Yes No

If yes was answered, what is the condition? (list) _____

What is the name of the medication? (list) _____

Will the medication be in the possession of the member? Yes No

Is the member capable of self-administering the medication? Yes No

Date of Member's last Tetanus Immunization: _____
Month Date Year

Health Insurance Company: _____ Policy #: _____

Subscriber Name: _____

Address: _____
Street City State ZIP

Physician's Name: _____ Phone: _____

Address: _____
Street City State ZIP

Authorization for medical care if under the age of 18:

I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed in this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Parent's or Guardian's Signature (if minor)

Participant Signature



Media And Information Release

I give to the National Collegiate 4-H organization, National 4-H Council, 4-H Cooperative Extension System, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise), my voice, and any related written text, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and Minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Name of person photographed, recorded or interviewed (PLEASE PRINT)

Age (If Minor)

Street Address, City, State, Zip

Signature

Date

Consent of parent or legal guardian if above individual is a minor:

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Signature

Relationship

Producer, Writer, Photographer

Assignment Date & Location