

North Dakota 4-H Member Authorization Statements – 2018-19

Member Name: _____ **County:** _____

For the 2018-2019 4-H year, each member and volunteer must complete the authorizations in 4honline. These include Assumption of Risk and Release statement, Code of Conduct statement, a medical authorization statement, a survey and evaluation permission statement, and a Media Release form. In addition, a health form is required for overnight trips, check with your County Extension staff.

Check the box to indicate you have read and agree to the following:

Agreement Statements with NDSU Extension 4-H Programs:

As parent/guardian, I agree to each of the statements below and behalf of the member. The member, if eighteen years of age or older, agrees on his or her own behalf.

Agreement to Youth Participation Expectations (Code of Conduct):

We/I have read and agree to abide by the North Dakota 4-H Participant Expectations and the North Dakota 4-H Code of Conduct Policy and Procedures. The full policy is available online at www.ndsu.edu/fileadmin/4h/ClubMaterials/PB731.pdf. We/I am aware that my actions and decisions affect myself as well as others. We/I am aware that violations may result in consequences.

Parents and legal guardians attending or participating in 4-H youth development programs also agree to conduct themselves according to the North Dakota 4-H Participant Expectations and the North Dakota 4-H Code of Conduct Policy and Procedures, and assist and support youth in their efforts to adhere to the 4-H Participant Expectations and Code.

Evaluation Release:

I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete evaluations that will be used to determine program effectiveness or to promote the program.

I understand that participation in program evaluations is voluntary and that my child and I may choose not to participate and may withdraw from evaluations without impact on my or my child's eligibility to participate in the 4-H program.

I understand that my child or I may be asked for consent before completing an evaluation.

<input type="checkbox"/> Yes, I am willing to participate - or give permission for my child to participate - in any program evaluation.	<input type="checkbox"/> No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.
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Media Release: I hereby give permission to the NDSU Extension Service to use any photographs, video or audio of me (or my child, if under 18) taken by designated 4-H activity photographers for programs, promotions, web sites or for any other educational use by the NDSU Extension Service. I also recognize that these photographs, video or audio tape are the property of the NDSU Extension Service.

I give permission. I do not give permission.

Medical Authorization: I understand that the 4-H'ers will be supervised and that, if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accidental injury or illness. I further understand that, in case of a medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child and do solemnly swear or affirm that the health history and medical information I have provided is true and correct to the best of my knowledge and belief. I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes and understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.

Privacy Statement: The contact and health information requested on the Member Enrollment Form and Health Form is private. The information will be used as necessary to assist the member in the event of an emergency, to help ensure safe participation by the member in 4-H programs, and to provide information to the member about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared with 4-H and North Dakota State University for the uses described above and may be released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law.

Note: *North Dakota 4-H limits information posed online to the following: first name, last name, school grade, club, county, city and point of participation (event title, placing, awards, etc.).*

Assumption of Risk and Release: I hereby release, waive, discharge and covenant not to sue North Dakota State University, its officers, agents, employees, and North Dakota 4-H all of which hereinafter known as "NDSU" from all liability to the undersigned. In consideration of being permitted to participate in North Dakota 4-H, the undersigned in full recognition and appreciation of the dangers and hazards inherent in the above activity, does hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hold harmless, release and forever discharge NDSU from and against any and all liability, damages, claims, demands, actions, or causes of actions, on account of damage to personal property or personal injury or death which may result from my participation therein whether caused by the negligence of NDSU or otherwise. The undersigned hereby assumes full responsibility for, and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of NDSU or while participating in the above described event.

By signing below, the parent/guardian agrees to each of the above statements on his or her own behalf and on behalf of the member; the member, if eighteen years or older, agrees, on his or her own behalf, to each of the above statements; the member, if under eighteen years old, agrees to abide by the Code of Conduct.

Member Signature _____ Date ___/___/___

Parent/Legal Guardian Signature _____ Date ___/___/___