

## Washington State 4-H Adult Authorizations/Health Form

**Adult's Name:** First \_\_\_\_\_ Mid. Init. \_\_\_\_ Last \_\_\_\_\_

**Effective September 29, 2017-October 1, 2017**

### Assumption of Risk

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to myself or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Adult membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings, shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to myself or property.

**Consent Agreement:** I have read, understand and consent to the foregoing statements.

Adult Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### A Valuable Partnership Agreement

WSU Extension appreciates your commitment to share your knowledge & talents with 4-H youth & hopes this experience will be fulfilling during the time you serve as a 4-H volunteer. Your satisfaction & progress in this position are important & therefore subject to periodic reviews. Thank you for teaming with WSU Extension to expand educational opportunities for all youth & adults. Please read the following expectations of participation & behavior & indicate your willingness to cooperate by signing at the end of this form.

#### The Washington State University Extension 4-H Youth Development Program agrees to:

- Provide a volunteer position description that lists specific duties.
- Respect volunteers as trusted partners in youth development.
- Share philosophy, mission, & goals of the 4-H Youth Development Program.
- Utilize, promote, & provide training in experiential education.
- Provide information on county, state, & federal policies that govern the 4-H Youth Development Program.
- Provide training & materials to facilitate the inclusion & participation of volunteers & youth from all backgrounds.
- Provide assistance, support, encouragement, supervision, & periodic evaluation.
- Identify approved curriculum & materials for projects & group organization.
- Provide ongoing training at the county level & information about volunteer opportunities beyond the county.
- Keep volunteers informed of events, programs, & opportunities for youth at the county, state, & national levels.
- Recognize volunteers for their contributions to the 4-H Youth Development Program.
- Resolve 4-H volunteer personnel issues.

#### As a 4-H Volunteer, I agree to:

- Perform the duties in my position description in a responsible & timely manner.
- Conduct myself in a courteous & respectful manner, exhibit good sportsmanship, & be a positive role model for all youth.
- Work cooperatively with WSU Extension staff, volunteers, parents, & members.
- Respect, adhere to, & enforce the rules, policies, & guidelines established for the 4-H Youth Development Program.

- Participate in and support 4-H Leaders' Councils and other advisory groups.
- Support & promote the 4-H Youth Development Program through 4-H clubs, schools, after-school programs, & other appropriate settings.
- Support & promote 4-H Youth Development opportunities & inform youth of county, state, & national programs.
- Promote the spirit of inclusion & welcome participation of volunteers & youth from all backgrounds.
- Follow the volunteer "Expectations of Behavior" that I have read & understand.
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**Washington State University Extension 4-H Youth Development Volunteer Expectations of Behavior**

The primary purpose of these Expectations of Behavior is to insure the safety & well-being of all 4-H participants (i.e., members, their parents & families, staff, & volunteers).

These expectations will guide volunteer behavior during involvement in the Washington State University Extension 4-H Youth Development Program. Just as it is a privilege for Washington State University to work with individuals who volunteer their time & energies to 4-H, a volunteer's involvement in 4-H is a privilege & a responsibility, not a right.

**As a 4-H Volunteer I will:**

- Treat others in a courteous, respectful manner & serve as a positive role model for youth.
- Accept supervision & work cooperatively with county 4-H staff while involved in the program.
- Abide by policies & guidelines of WSU Extension state & county 4-H programs.
- Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, color, gender, national origin, religion, disability, or sexual orientation.
- Uphold an individual's right to dignity, self-development, & self-direction, will not abuse any 4-H participant by physical or verbal means, & will report such abuse, if observed.
- Refer to C1001E, *Child Abuse: Information for WSU Faculty, Staff, & Volunteers*, for child abuse information & reporting procedures.
- Keep county 4-H staff informed of any incidents that may violate 4-H policies or personal rights.
- Treat animals humanely & teach youth to properly care for animals.
- Operate machinery, vehicles, & other equipment in a safe & responsible manner.
- Handle fundraising & finances in an ethical manner according to C1059E, *4-H Leader's Guide to Handling Funds in the 4-H Youth Development Program*.
- NOT consume alcohol, use marijuana, or illegal substances while responsible for youth in 4-H activities, nor consume anything that will in any way impact your ability to work safely with youth.
- NOT require 4-H participants to purchase materials, equipment, animals, or services from any specific places of business.

I have read, understand, & agree to the expectations of participation & behavior as outlined in this agreement. I understand that I may terminate this appointment without prior notice. I understand & agree that any action on my part that contradicts any portion of this agreement is grounds for the immediate suspension and/or termination of my volunteer status with the Washington State University Extension 4-H Youth Development Program.

Yes, I agree

Adult Volunteer Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Indemnity Agreement**

I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to my person or property, which I may sustain and/or sustain as a result of death or injury, as a result of or connected with participation in this program and/or event. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to my activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Adult Volunteer Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Publicity/Media Release**

I understand that, unless noted below, photos, video, or audio recordings made of me at 4-H events may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary. (Select one):

- Yes, I agree
- No, I do not agree to use of digital images or voice recordings as set forth above.

### **Youth: Surveys & Evaluation Permission**

Written Notice of Passive Consent: As a participant in the 4-H Program you may be asked to help with the evaluation of the program to tell us how well the program is working. You may be asked to complete a written survey about what you learned from participating in the program.

Participating in the evaluation is not required if you decide not to participate, it will not affect participation in this or future WSU Extension programs. If you do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you do not want to participate in the evaluation of the 4-H Program or you have questions about any evaluation, please contact your WSU County Extension Office.

### Health Information Form

Please be as accurate, yet concise. In the event of an emergency, this may be the only immediate source of information.

\*Indicates required fields.

#### General Health

\*Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being? (Select one):

- None
- Yes, a physical disability, a learning disability, behavioral disorder, and/or mental diagnosis.

Health diagnosis details/explanations & suggested accommodations:

#### Dietary Needs

\*Does this participant have any specific dietary needs? (Select one):

- None
- Yes, food allergies or restrictions (e.g., peanuts, gluten-free) or food preferences (e.g., vegetarian).

Dietary needs details/explanation:

#### Allergies/Reactions

\*Does this participant have any allergies or reactions to drugs or things in nature? (Select one):

- None
- Yes, allergies or reactions to drugs or things in nature.

Describe any allergies and/or reactions:

#### Medications

\*Does this participant have any conditions requiring medication? (Select one):

- None
- Yes, and assistance is needed with medications.
- Yes, and this participant is capable of self-administering medications.

Medication details/explanation:

**Additional Information**

Please provide, in the space below, any additional information about the participant that may affect his/her ability to fully participate in the 4-H program:

Additional information:

**Health-Care Providers/Insurance**

**Health-Care Provider(s)**

\*Primary Doctor: \_\_\_\_\_ \*Phone: ( \_ \_ ) \_ \_ - \_ \_ \_ \_

Additional Doctor: \_\_\_\_\_ Phone: ( \_ \_ ) \_ \_ - \_ \_ \_ \_

Medical Alerts: \_\_\_\_\_

**Medical Insurance Information** (Select one):

\*I am covered by family medical and/or hospital insurance:

- Yes
- No

Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Co. Phone#: ( \_ \_ ) \_ \_ - \_ \_ \_ \_

**Emergency Contact Information**

\*Contact Name: \_\_\_\_\_ \*Primary Phone: ( \_ \_ ) \_ \_ - \_ \_ \_ \_

Alternate Phone: ( \_ \_ ) \_ \_ - \_ \_ \_ \_ \*Relationship to Participant: \_\_\_\_\_

**Emergency Medical Release**

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including enrolled 4-H volunteers or event staff, I authorize WSU and its authorized agents to obtain emergency medical care for me. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my record from providers who treat me and these providers may talk with the program’s staff about my health status.

**I hold harmless and agree to indemnify Washington State University, its authorized agents, and employees from decision to seek emergency treatment.**

\*Adult Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_