**WSU Extension Jefferson County 4-H**

**HEALTH & AUTHORIZATION FORM**

Please fill out the both front and back sides of this form. Any information listed here may be shared with Washington State University (WSU) faculty and staff, and/or certified 4-H Volunteer Leaders at your County Extension Office’s discretion. If the participant is in need of a reasonable accommodation to participate in 4-H events and activities, please see the *WSU 4-H Reasonable Accommodation Policy* at the bottom of this web page: <http://extension.wsu.edu/jefferson/youth/>. Thank you.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Participant’s (if under 18) Event Chaperone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chaperone Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Health Information**

Does this participant have any allergies or reactions (food, drug, plant, insect, etc.)?   
No\_\_ Yes\_\_ Prefer not to state\_\_   
Describe any allergies and/or reactions, notating if any allergies require medical intervention:

Does this participant have any dietary needs?   
No\_\_ Yes\_\_ Prefer not to state \_\_   
List any dietary needs here:

Does this participant have any general health conditions that may affect his/her ability to participate in events?   
No\_\_ Yes\_\_ Prefer not to state\_\_   
Please list any health conditions that may affect the member’s ability to participate in events, including any activities that may be restricted/prohibited due to these conditions:

Additional Health Information – For the participants’ safety, please provide any additional health information that may be important for WSU faculty and staff, and/or certified 4-H Volunteer Leaders to know:

**Health Care Provider Information**

Primary Care Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Primary Care Doctor Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Secondary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Secondary Doctor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Participant is covered by family medical and/or hospital insurance: No\_\_ Yes\_\_  
Primary Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Insurance Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Insurance Subscriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Primary Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Primary Emergency Contact Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Secondary Emergency Contact Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Release**

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by 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/the participant. 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 health 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 WSU, Jefferson County 4-H Council, and Horse Committee; Jefferson County Fair Board; its officers, employees/volunteers, and agents of the aforementioned bodies from decisions to seek emergency treatment.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  
Participant Signature (if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Assumption of Risk**

I understand that there are risks in participating in 4-H Youth Development events and activities associated with 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 my child or self 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. 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, shooting or archery, 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 my child, self or property.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  
Participant Signature (if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Release of Claims and Liability**

I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU; Jefferson County 4-H Council and Horse Committee; Jefferson County Fair Board; Jefferson County WA; its officers, employees/volunteers, and agents of the aforementioned from any and all liability, claims, costs, expenses, injuries and/or losses to 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 WSU 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.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  
Participant Signature (if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Publicity/Media Release**

I understand that, unless noted below, photos, video, and/or audio recordings made of me or my youth at 4-H events may be used by WSU Extension and WSU 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that may/my youth’s may be revealed in descriptive text or commentary [select one and sign:]

🞎 Yes, we agree to the use of photos, video, and/or audio recordings as set forth above

🞎 No, we do not agree to the use of photos, video, and/or audio recordings as set forth above

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  
Participant Signature (if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_