

Dear FFA Leaders,

Thank you for participating in Imaginology this year, we are looking forward to working with you! Our Large Livestock Chair, and your main contact, is Jim Mullion 714-814-0960. If you have kids entering Small Livestock, please see the OC4-H website Small Livestock Guide and contact me immediately for registration instructions.

Because this is a 4-H sponsored event, your students are each required to provide signed copies of the 4-H medical form and 4-H release of liability waiver in order to participate in Imaginology. It is your responsibility to collect these forms and give them to Jim Mullion by 4/7/2018. You may follow these links to access the required forms: <http://ucanr.edu/sites/risk/files/23972.pdf> and <http://4h.ucanr.edu/files/4726.pdf>

For your convenience, we have attached a spreadsheet for you to enter your student info. Before 3/20/2018, email the completed spreadsheet to me at [imaginologycommitteec4h@gmail.com](mailto:imaginologycommitteec4h@gmail.com) and Jim at [jmmstellar@aol.com](mailto:jmmstellar@aol.com)

Fees calculated on page L1 of your spreadsheet should be made payable to OC4-H and may be hand-delivered to Jim Mullion or mailed to SCREC 7601 Irvine Blvd. Irvine, CA 92618 Attn: Jason Suppes.

Please do not hesitate to contact Jim should you have any questions about livestock logistics and me should you have any questions about administrative issues or paperwork.

Once again, we thank you for your participation and look forward to working with you and your kids at Imaginology!

Sincerely,  
Maryam Handley  
Imaginology 4-H Chair  
714-809-5782  
[imaginologycommitteec4h@gmail.com](mailto:imaginologycommitteec4h@gmail.com)

## LARGE LIVESTOCK RULES AND INFORMATION

### Information:

- Fill out the FFA entry forms available on the OC 4-H website. There are 2 forms-medical and liability waiver that must be submitted with registration and fees.
- Submit fees and forms to your FFA Chapter by their due date. No late entries will be accepted.
- Members and their parents are responsible for following all 4-H rules and the guidelines in this book.
- Members must keep all public and walking areas clean throughout Imaginology.
- All participants are required to help with event set up on the Saturday prior to the event and clean up immediately after awards Sunday.
- All times and locations are approximate. Check with Chairs for verification of times and locations.
- Only animals entered in OC 4-H Imaginology allowed on fair grounds.
- Sanctioned events rules supersede event rules.
- OC Fair and OC4H are not responsible for the well being of your animal.

### General Information:

- Cleaning, feeding, from 6:30 am to 9 am and 5:30 to 7pm, Watering is to be done as needed.
- All soiled shavings and straw to be disposed in bins supplied by the fair
- All stalls to be cleaned before being released Sunday night.
- No walking of animals outside of livestock area
- Animal release time starts at 5:30 Sunday night
- Exhibitors are responsible for bedding. (OC Fair will have shavings and Straw for sale).
- Exhibitors are responsible for bringing their own cleaning and feeding equipment.
- All animals will be weighed in at the fair. (Times will be posted)
- All animals must be at the fair and in place by 9 am Friday 13th.
- All participants are required to help with event set up on Saturday April 7th at 8am



**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant Name (please print): \_\_\_\_\_ Date of Birth (if minor): \_\_\_\_\_

County: \_\_\_\_\_ Club/Unit: \_\_\_\_\_

**Waiver:** In return for being permitted to participate in **California 4-H Youth Development Activities and Projects**, including associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, my heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of the University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in **California 4-H Youth Development Activities and Projects**.

**Assumption of Risks:** Participation in **California 4-H Youth Development Activities and Projects** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising out of my involvement in **California 4-H Youth Development Activities and Projects**, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the courts of the State of California.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

(If the Participant is a minor) I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.**



# University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

## Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2017** to **December 31, 2018**

### PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other Phone:

Cell Phone:

### EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name:

Home/Work/Other Phone:

Relationship:

Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

### AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

### NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.



**Health History Information - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)  
(please attach extra page if more space is needed)

First Name

Last Name

County

/

Date of Birth

Date of last Tetanus Vaccination:

Not Sure

None

Please check over-the-counter medications that may be administered:

Tylenol  Ibuprofen  Cough Syrup  Decongestant  Dramamine  Antacid  Polysporin

Hydrocortisone  Benadryl  Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.