



Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the “Code of Conduct”. When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.pdf>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

While attending 4-H overnight events, I will:

1. Be in my room when I’m supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren’t 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member’s parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they’ve done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.



Photograph and Information Release

(PAGE RETAINED BY THE 4-H MEMBER & PARENT/GUARDIAN)

“Releasees” in this agreement means The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), and Cooperative Extension, and their respective employees and volunteers.

I hereby grant Releasees permission to use photographs of me in any of their publications, including websites, without payment or other consideration. I agree that these photographs will become the property of the Releasees. I agree that Releasees may edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing the Releasee’s programs or for any other lawful purpose, and that I do not have a right to review or approve the finished photographs. I understand that I will not receive royalties or other compensation from the use of the photographs. I agree to hold harmless and release the Releasees from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I understand and agree that my permission and agreement cannot be cancelled or revoked.



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's 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 them for any such expenses incurred.

Severability: The 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 by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Date

Signature of Participant

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

Date

Parent/Guardian Name (print)

Signature of Parent/Guardian

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.



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, 2020** to **December 31, 2021**

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. 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: (if available)

Pain/fever reliever (ex. Tylenol)

Ibuprofen (ex. Advil)

Cough Suppressant

Motion sickness/nausea medication

Allergy medication (Benadryl)

Decongestant

Antacid

Antibiotic ointment

Anti-Itch Cream

Other: (Provided by parent/guardian) _____

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.
