



Name
County
Event

Date

**Statement of Understanding
RISK and RELEASE OF CLAIMS,
PUBLICITY RELEASE FOR USE WITH NON-CERTIFIED 4-H VOLUNTEERS**

UNDERSTANDING:

- A Volunteer is a person who, of his/her own volition, gives his/her services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Oklahoma State University and/or 4-H event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the Program, Extension Service, Universities and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefit, including, but not limited to, workers' compensation insurance coverage.
- I acknowledge that even though I am a Volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma 4-H Program. I further acknowledge breach in the Volunteer Behavioral Guidelines or any other established rules/guidelines for sanctioned 4-H

activities is grounds for immediate dismissal as a 4-H Volunteer, and that as a Volunteer, I am not guaranteed any future employment with the Program, Extension Service, University and/or event organizers, nor am I guaranteed any future Volunteer position.

- I understand my assigned duties and have been provided a position description by the party in charge (extension educator and /or 4-H volunteer).
- **As an employee of OSU/Langston** I acknowledge that I am attending this event; a 4-H function which is not part of my normal daily work routine. This event may include chaperoning or participating as an individual. As such I acknowledge that I am doing so of my own free will and do as a volunteer without compensation as described below. I also acknowledge that if I participate during normal work hours I will be required to use approved leave or may lose normal compensation. **Initials of Employee**

PUBLICITY RELEASE

I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service and/or Oklahoma State University to photograph, film, audio/video record and/or televise my image and voice, and, to reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name in connection therewith.

EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE

I understand it is my responsibility to complete the **EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE** form to participate in this event/program/activity. The completed form may be placed in a sealed envelope with my name on the outside and attached to this form. Following the event the envelope will be returned or destroyed if I did not require any first-aid or medical treatment as part of the said event.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS:

Being fully familiar with the activities of the 4-H Programs, I further acknowledge that the performance of the volunteer work and participation in the activities involved in said work and/or events are not without some inherent dangers, hazards and risks of injury, including bodily injury and death. As such, I do hereby agree to assume all of the risks and responsibilities surrounding my volunteer activities and I do for myself, my heirs, and personal representatives hereby agree to release, waive, forever discharge and covenant not to sue the Oklahoma 4-H Program, the Oklahoma Cooperative Extension Service, Oklahoma State University, the governing Board of Regents of the universities, and all officers, agents, and/or employees thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer activities and/or my participation in the activities or events thereof. I further understand that any accident insurance policy, if any, carried by the 4-H Program or 4-H event organizers through American Income Life Insurance Co. or other insurance company will provide minimum coverage only, and I will be responsible for the costs associated with my care and treatment related to any such accident, injury or loss.

I acknowledge that I have read the above Understandings, Publicity Release and Assumption of Risk and Release and know and agree with the statements contained therein and agree to be fully bound by the same.

Signature

Date