

# Western National Roundup Code of Conduct and Member Discipline Policy

Name of Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Other name to contact if Parent unavailable \_\_\_\_\_ Phone \_\_\_\_\_

As a program participant, *I understand* that I am expected to abide by the stated rules for 4-H and FFA activities and events and will:

- Conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship and act as a positive role model;
- Adhere to program rules, curfews, dress codes, policies and guidelines;
- Fully participate in scheduled activities;
- Respect other's property and privacy rights;
- Apply rules of safety to individuals, groups and property; and
- Accept personal responsibility for behavior.

*I acknowledge and understand* that the following behaviors will not be tolerated:

- Illegal behaviors including the possession or use of alcohol or illegal drugs and tobacco products; stolen goods; weapons (unless a part of a sanctioned shooting sports event); and fireworks.
- Sexual, physical or verbal abuse;
- Females in rooms of males, and males in females rooms

Conduct not in keeping with 4-H Youth Development and FFA standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Law enforcement may be called and illegal behaviors may result in citation or arrest. Consequences may include removal, at the individuals; expense and without refund, from participation in the event; restitution or repayment of damages; sanctions on participation in future local, state, regional or national 4-H/FFA events; forfeiture of financial support for this event, removal from offices held; loss of status as a member in good standing, etc.

I (we) understand the reason for this agreement is to ensure the safety of the other 4-H members and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo, Media & Print Release

I give to the Western National Roundup organization, National 4-H Council, 4-H Extension System, USDA/CSREES, 4-H and FFA clubs and programs, its nominees, agents, and assigns, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise), my voice, and any related written text, whether or not related to any affiliation with 4-H or FFA, with or without my name. I hereby waive any right that I (and Minor) may have used in connection therewith or the use to which it may be applied.

Name of person photographed, recorded, or interviewed (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Age (if Minor) \_\_\_\_\_ Date \_\_\_\_\_

Consent of parent or legal guardian if above individual is a minor

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

# Western National Roundup Authorization for Medical Care and Recognition and Assumption of Risk Agreement

This authorization covers \_\_\_\_\_ during his/her travel and participation in \_\_\_\_\_. This activity covers the period \_\_\_\_\_ through \_\_\_\_\_.

I, the undersigned parent or person or the legal guardian of the above-mentioned 4-H/FFA member, authorizes the participation in the listed event. In giving this consent I recognize and understand that precautions will be taken to safeguard the health and welfare of all who attend. However, in consideration of allowing said child to attend and participate in this activity, it is my understanding that participation in the activities that make up this event are not without some inherent risk of injury. As such, in consideration of my child's participation, I do hereby release, waive, discharge, and covenant to not sue the event, its organizers, the Western National Roundup organization, the National 4-H Council, the 4-H Cooperative Extension System or their officers, servants, agents, or employees and release them from any liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by my child participating in such activity, or while in, on, or upon the premises where the activity is being held.

In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowingly evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and the render such care and perform such treatment as he/her in his/her professional judgment determines to be necessary for the health and safety of the above named minor. I furthermore understand that an accident insurance policy carried by \_\_\_\_\_ if any, will provide only minimum coverage and that I will be responsible for costs associated with the care and treatment of the above-mentioned child.

## Contact Information

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Family Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_

## Treatment Information

Delegate's Birth Date \_\_\_\_\_ Gender Male/Female \_\_\_\_\_  
Delegate's Allergies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Medicine Delegate is taking \_\_\_\_\_

Date of Delegate's last Tetanus Shot \_\_\_\_\_

### ***You may also attach a Certificate of Immunization***

Delegate's Medical History (or any other important information we may need to know) \_\_\_\_\_

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***If the delegate has a serious medical condition or is under a doctor's care, a letter from the doctor should be attached outlining the nature of the condition, treatment, or medical history.***

I ACKNOWLEDGE that if emergency personnel are unable to locate the individual(s) listed above, and the minor cannot provide self-consent, the minor who presents with an urgent problem shall receive treatment as necessary at the discretion of the physician on duty.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_