

Name of 4-H Activity: New England Center Program at The Big E Date(s): September 25-27, 2020



4-H Program Participation Permission, Agreements, and Health Form

Youth Participant: Please read this form carefully, provide all requested information, and sign and date the bottom of this page.

Name: _____
last, first, middle initial

Mailing Address: _____

Town, State, Zip: _____

Telephone: (_____) _____ County _____

Birth Date: (M/D/Y) _____ Circle one: Male Female Other

As a participant in this program, I understand that I represent myself; my family; my county; Maine; and all Maine 4-H participants, volunteers and staff. By my actions, will 4-H be judged. Therefore, by my signature below, I agree to:

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the Dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions, which might include a loss of privileges during this program, loss of 4-H privileges in the future, and/or immediate dismissal from this program as determined by county and/or state 4-H staff.

Signature: _____ Date: _____

Parental Statement – Please sign and date

My daughter/son/ward has my permission to attend this program. I have read and understand the statements they have agreed to above and support this agreement. I realize that I am personally responsible for my daughter/son/ward while they are attending this program. I understand and expect that should my daughter/son/ward break this agreement and the adult coordinators find it necessary to dismiss them from this program, that I am responsible for their transportation home.

Signature: _____ Date: _____

UNIVERSITY OF MAINE SYSTEM AND 4-H PHOTO RELEASE AGREEMENT

I, _____, (*name of person in photo*) hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) and the 4-H Program (defined as 4-H Afterschool, National 4-H Council, 4-H Cooperative Extension System, USDA/NIFA, Maine 4-H Program, 4-H clubs and programs, etc.) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") obtained during the current 4-H year (October-September) at 4-H-sponsored events, and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.

NOTE: If under 18, must be signed by parent or guardian on last line below.

DATE	SIGNATURE OF PERSON IN PHOTO	PLEASE PRINT NAME
------	------------------------------	-------------------

ADDRESS	PHONE NUMBER
---------	--------------

SIGNATURE OF PARENT OR GUARDIAN (if applicable)