



All 4-H members participating in or attending club, county, regional, state, and national programs, activities, events, contests sponsored by University of Vermont Extension, or representing 4-H at 4-H events, are required to conduct themselves according to the Vermont Code of Conduct.

- As a Vermont 4-H member,
- I will be worthy of trust, honor, and confidence
- I will respect all people including myself.
- I will be responsible, accountable, and self-disciplined in the pursuit of excellence.
- I will be just, fair, and open.
- I will be caring in my relations with others.
- I am aware that my actions and decisions affect others,
- and I will be a contributing and law-abiding citizen.



4-H Member Signature _____ Date _____

OVER PLEASE

4-H Club Program Risk and Release

I give permission for _____ to be in the 4-H program. I understand that project activities/events may involve certain risks of physical activity and that the University of Vermont and its program will provide each participant with due care, but that the University of Vermont cannot insure that my child will remain free of injury. I nonetheless wish to have my child participate in the 4-H club program. I agree to indemnify and hold harmless the University of Vermont and State Agricultural College, and UVM Extension and their trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the 4-H program. This release, however, is not intended to release the University of Vermont from causes of action arising out of the sole negligence of the University of Vermont, its trustees, employees or agents. The program reserves the right to dismiss a participant if in their view the participant poses a significant safety risk to himself and/or others.



Health History and Emergency Medical Treatment

Please fill out this form and return it to your club's Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): _____

Parent/Guardian Name if Member is under 19: _____

Family physician: _____ Phone _____

Address: _____ Insurance Name/Policy # _____

I hereby give permission to the group leader(s) to obtain nec