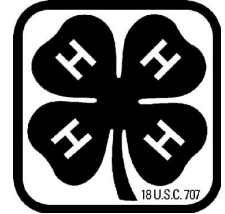


Oswego County 4-H Adult Enrollment Form



Office Use Only:				
	Date Received	Initials	Date Entered	Initials

*Please print legibly and complete all questions.
*Those marked with an asterisk are required.**

Club: _____
Name of club

***Adult Name:** _____ ***Gender:** _____
First Last

***Address:** _____ ***Primary Phone:** _____

***City, Zip:** _____ **Cell Phone:** _____

***Email:** _____ **Work Phone:** _____

Send Correspondence to 2nd Household? Yes No **Years in 4-H:** _____

2nd Household Name: _____
First Last

2nd Household Address: _____
(If different from address above.) Street/PO Box City State Zip

***Are you of Hispanic or Latino ethnicity?** Yes No

***Military Service of Family:** Parent serving Sibling serving No one serving in the military

Branch: Air Force DOD Civilian **Status:** Active Duty
 Army Marines National Guard
 Coast Guard Navy Reserves

***Please check all the races that apply to you:**

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian
- Prefer not to state

***Where do you reside?**

- Farm
- Town under 10,000 or rural non-farm
- Town/City 10,000 - 50,000 and its suburbs
(such as Fulton or Oswego)
- Suburb of City more than 50,000
- Central city more than 50,000

***Photo Release:** Yes No

By checking yes, I agree to grant Cornell Cooperative Extension permission for the unlimited right to use any media that they have of me/my child/ward participating in Cornell Cooperative Extension programs or events (including photographs, audio, video, direct quotes, and digital images) for purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears.

***Adult Signature:** _____ **Date:** _____

Adult Volunteer Category: General Club Leader Activity Leader Project Leader

OSWEGO COUNTY 4-H CODE OF CONDUCT

This is to be read and signed by all youth and adult members of 4-H.

1. I will respect the rights and feelings of all the members, leaders and guests of my 4-H club.
2. I agree to model kindness and compassion for others.
3. I will not use anyone else's things without permission.
4. I will avoid and prevent put-downs, insults, name-calling, yelling and other verbal and non-verbal conduct as well as written items (including social networking, Internet, etc.) likely to offend, hurt or set a bad example.
5. I agree to respect and uphold the rights and dignity of all participants, volunteers, and cooperative extension staff, recognizing that people's values, beliefs, customs, and strengths differ.
6. I will cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
7. I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
8. I agree to not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product.
9. I will not bring to any 4-H meeting or activity any gun, knife or anything else that could be used as a weapon, unless it is required for a project, class or activity. (I understand that my leader or the instructor will give me a written list of equipment when such items are needed.)
10. When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.
11. I will not wear clothing printed with advertisements for tobacco or alcohol, inappropriate, lewd, or suggestive messages, revealing clothing such as (but not limited to) inappropriately short skirts or shorts; revealing (including midriff-baring) tops; clothing worn to show undergarments.
12. I agree to be responsible for my behavior, exhibit good sportsmanship, use appropriate language, and uphold exemplary standards of conduct at all 4-H youth activities.

I have read and agree to comply with the "Code of Conduct" written above.

*Adult Signature: _____ Date: _____

CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than the maximum number recommended by the New York State and Cornell Cooperative Extension as of the day of the program, activity, event or meeting.

Acknowledgement of Risk

I understand Cornell Cooperative Extension of Oswego County (“CCE”) has put in place preventive measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or my dependent(s) will not become infected with COVID-19. Furthermore, **entering the facilities, or participating in CCE programs could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs, events, or activities, exposure or infection involving the novel coronavirus may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind, that I may experience or incur in connection with my entering **CCE** facility or participating in **CCE** programming (“Claims”). On my behalf, and on the behalf of heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on actions, or omissions of **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation, or the participation of my dependent(s).

Additionally, as a volunteer, program participant or the guardian of a program participant under the age of 18, with my signature below, I acknowledge that I have reviewed the plan for Cornell Cooperative Extension of Oswego County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Participant(s) Name: _____

Parent or Legal Guardian Name _____

Signature: _____

Date: _____
