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:		
2 nd Household Name:				
First		Last		
2 nd 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 servin	g □ Sibling serv	ing □ No one servir	ng in the milit	ary
Branch: □ Air Force	□ DOD Civilia	an Status:	☐ Active Duty	
□ Army	□ Marines	I	□ National Gu	ard
□ Coast Guard	□ Navy	I	□ Reserves	
*Please check all the races that apply to you:	*Where d	lo you reside?		
□ White		Farm		
☐ Black or African American	•	Town under 10,000		
☐ American Indian or Alaskan Native		Town/City 10,000 -		s suburbs
☐ Native Hawaiian or Pacific Islander		(such as Fulto		
□ Asian		Suburb of City mor Central city more th		
□ Prefer not to state		Central City more ii	iaii 50,000	
*Photo Release: □ Yes □ No				
By checking yes, I agree to grant Cornell Co	oonerative Extensi	ion permission for th	e unlimited rig	ht to use any
media that they have of me/my child/ward participatii	•	•	_	•
photographs, audio, video, direct quotes, and digital		-	-	, -
promotional brochures, promotions or showcase of p				
national newspapers or programming, and other sin	nilar lawful purpo	oses. I understand ti	hat I/my child/v	ward are not
being compensated in any way for the use of our im	ages and that I/we	e do not have approv	al over the find	al product in
which it appears.				
*Adult Signature:		Date:		
Adult Volunteer Category General Club I	andar - A ativit		t I andom	

4-H Adult Acknowledgement of Risk Form

This form must be completed to participate (including Cloverbuds) in 4-H clubs and related activities. This form may be completed during 4-H enrollment for the full program year for 4-H activities and events designated below at the club, county, state and national level.

I hereby apply to participate in the 4-H club and/or activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in participation in the 4-H club and activities and participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

I am in good health and is at or above the minimum age of **5 for Cloverbud members and 8 for regular 4-H members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of Oswego County

DATE(S): 4-H Program	Year: October 1, 2021 - Sept	ember 30, 2022		
4-H CLUB ACTIVITY:	(*Select anticipated program	n participation*)		
☐ All 4-H activities an	d events for program year			
□ Working with dogs				
□ Physical Fitness pro	grams			
□ Shooting Sports				
For Cloverbuds (youth 5-8	B years old only):			
□ Cloverbud activities				
□ Cloverbud working	with equine or other animal 1	orograms		
I have read the above an and I understand and ac	d by signing it I agree it is cept the risks involved.	my intention to par	ticipate in the in	dicated activity
disputes arising out of m	my heirs, successors, assign y child's participation in the the County where the Cou	ne activity shall be v	venued in the Su	-
I am at least twenty-one	(21) years of age and I am	authorized to sign t	his document.	
*Adult Name: (Sign)			Date :	
Adult Name: (Print)			Date of Birth:	
Address:				
	Street/PO Box	City	State	Zip

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: