

Members attending 4-H programs are expected to actively participate in the programs in a responsible manner. The program staff may give members additional directions and expectations at the program. Any member found to be disrupting the effectiveness of the program may be excused from the program at the sole discretion of the program staff.

During the program, members must not:

1. Be under the influence or in possession of alcoholic beverages or illegal drugs.
2. Use any tobacco products (cigarettes, cigars, chewing tobacco, etc.).
3. Leave the program site without the permission of a staff member.
4. Visit with delegates of the opposite sex at times or in locations other than those specified as appropriate by program staff.

Any member who fails to comply with this agreement:

- Will forfeit their registration fee to 4-H.
- Will lose the privileges associated with this program; his parent or guardian will be contacted, and he will return home at his own expense.

In the event the offense takes place during a 4- H program at such time as excusal of the participant is not possible or practical (i.e. the final night of a residential program), the following will occur:

- The Program Coordinator or Chaperone will, to the best of their ability, physically segregate the member from other members.
- The member will be responsible for all costs incurred for accommodation and travel from the point of excusal until they are no longer under program supervision.
- The member will reimburse the 4-H program all costs that 4-H sponsors have contributed on behalf of the participant’s involvement with the program.

This agreement is effective from the time a 4-H member arrives at the program site, or is under designated adult supervision. This agreement remains in effect until the program is complete and the member leaves the program site.

Permission to release delegate’s name and photograph: The 4-H member’s name and photograph may be published in media coverage and promotion of 4-H. If you have concerns about the publication of the member’s photograph, please contact the program supervisor.

We understand the conditions described above and agree to abide by them during this program.

Member’s Last Name	First Name	Initial
Member’s Signature*		Date
Parent/Guardian Signature* <i>[required for all members under 18 years]</i>		Date
Name of Program		

*Depending on your computer’s software, you may or may not have the capability to utilize the digital signature feature. If no prompt appears when you click on the arrow, simply print the forms and submit via email, fax or mail (details in body of email).

ONLY FOR MEMBERS OVER 18: I agree that if I do not comply with the conditions listed above, the program supervisor will inform the following designated contact that my participation in this program has ended and that I will be sent home:

_____ at _____
 (Name of Designated Contact) (Contact Phone Number)