

Both sides of this form must be completed and signed by all adults participating in 4-H overnight activities, field trips, and events requiring group transportation where youth are present, or any other events sponsored through the 4-H Youth Development Program as determined by the event coordinator. The form should be submitted prior to the event and kept by the event coordinator for at least 90 days after the event. 4-H youth participating should complete the 4-H Event Permission Form for Youth.

**Information about the Adult Participant and Activity**

Name of adult participant \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home telephone number ( ) \_\_\_\_\_ Cell telephone ( ) \_\_\_\_\_  
 Name of 4-H group sponsoring or participating in the event \_\_\_\_\_  
 Location of event \_\_\_\_\_ Date of event \_\_\_\_\_

**Medical Emergency Authorization and Health Information**

In case of sudden illness or an accident to myself requiring immediate treatment or surgery while I am a participant in this activity, I authorize the 4-H event coordinator or other adults present to take such action as seems appropriate to protect my health and physical well-being. This authority extends to any physician(s) and/or surgeon(s) selected to perform medical and/or surgical procedures including examinations and tests necessary to preserve my life and well-being. All efforts will be made to contact the individual named as my emergency contact above in case of emergency.

_____	_____	_____
Name of emergency contact	Home phone	Cell phone
_____	_____	_____
Name of emergency contact	Home phone	Cell phone

The following information is provided as an aid to the event coordinator in dealing with my well-being. I have the following conditions (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc):

Health Conditions \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Health Insurance Information:  
 Company \_\_\_\_\_  
 Group # \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_  
 Signature of adult participant \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability**

Although Clemson University Cooperative Extension Service will use the utmost precaution in guarding the health of all participants and preventing accidents, I release them from any liability in case of injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting me to and from this event, from any liability in case of illness or injury.

\_\_\_\_\_  
 Signature of adult participant \_\_\_\_\_ Date \_\_\_\_\_

## South Carolina 4-H Volunteer Standards of Behavior

The primary purpose of these Standards of Behavior is to insure the safety and well-being of all 4-H participants (i.e., members, their parents, families, staff and volunteers). These standards shall guide adult volunteer behavior during involvement in South Carolina 4-H. Just as it is a privilege for Clemson University Cooperative Extension Service to work with individuals who volunteer their time and energies to 4-H, a volunteer's involvement in 4-H is a privilege and a responsibility, not a right. *All non-staff adults participating in 4-H events and activities are considered to be volunteers during the course of the event, and must agree to abide by the 4-H Standards of Behavior.*

### 4-H Volunteers will:

- Will not have one-on-one contact with minors
- Uphold an individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional staff while involved in the program.
- Participate in required training programs and use the recommended policies and procedures.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
- Will not pick-up minors or drop off minors at their homes, other than the driver's child(ren), except as specifically authorized by the parent or legal guardian.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
- Not abuse any participant by physical or verbal means and will report such abuse, if observed, accordance with 4-H policies and procedures.
- Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
- In order to maintain a line of professionalism and to protect all parties involved, Program Staff should only communicate with program participants in/on open social media forum. Program Staff shall not seek out program participants on social media platforms such as Facebook, Instagram, and Twitter, etc. This restriction is enacted during the period of employment and may be lifted after the program end date.
- Comply with equal opportunity and anti-discrimination laws.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Preserve the confidentiality of information about program participants.
- Refrain from using 4-H volunteer status for personal or business financial gain.

I understand that the coordinator of the event is responsible for informing me of my responsibilities as an adult volunteer participant in this event, and will provide any specific training needed to carry out these duties. I have read, understand and agree to the South Carolina 4-H Volunteer Standards of Behavior. I also agree to perform my duties as explained, and to abide by the 4-H Code of Conduct and any other rules specific to this event. I understand that any action on my part that contradicts any portion of this agreement is grounds for immediate dismissal from this event at my own expense. I also understand that I will be held financially responsible for any damage caused by me.

\_\_\_\_\_  
Signature of adult volunteer participant

\_\_\_\_\_  
Date

## South Carolina 4-H Photography Consent Form/Model Release

I, (*print name*) \_\_\_\_\_, hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of me for use in promotional or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

\_\_\_\_\_  
Signature of Adult Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip