

## **Trempealeau County 4-H Hold Harmless Agreement**

The undersigned on behalf of him/herself, his/her heirs, successors or assigns plus the undersigned parent, parents or legal guardians of the Trempealeau County 4-H member listed on this registration form, hereby specifically agrees to hold Trempealeau County, its agent, representatives, volunteers, 4-H members, employees, and elected officials harmless from any and all liability for injury, death or property damage which may occur as a direct or indirect result of participation in the Trempealeau County 4-H Program. This release is binding on the participant, his/her heirs, successors or assigns of the same.

### **Trempealeau County 4-H Camp Expectation Agreement**

As a condition of participation in 4-H program trips, activities, and events you agree to be bound by the terms of this Agreement. Terms of the Agreement shall apply while you are participation in activities or attending events because you are a 4-H member.

#### **4-H member must:**

1. Behave in ways acceptable to others.
2. Use good judgment in selecting clothing appropriate to occasion.
3. Be responsible for own property.
4. Respect public and personal property.
5. Be financially liable and responsible for any damage to public or personal property.
6. Abide by quiet hours and curfew times established by chaperone or sponsoring organizations.
7. Behave in accordance with applicable federal, state and municipal laws.
8. Abide by any additional expectations established for a particular event.

#### **Trempealeau County 4-H Members and other participants, will be appropriately disciplined when there is reasonable proof of the following:**

1. Possession or use of illegal drugs, chemicals, tobacco, or alcoholic beverage.
2. Theft, misuse, or abuse of public or personal property.
3. Sexual misconduct.
4. Breaking curfew or disturbing the peace.
5. Unauthorized use of vehicles during an activity or event.
6. Illegal or unsafe use or possession of non-prescription drugs.
7. Use of prescription medication other than as prescribed by physician (Chaperones must be informed of the need to take any such medication).
8. Use of language found to be objectionable by others.

#### **Trempealeau County 4-H members, their families and other participants understand the leaders/chaperones role to be:**

1. To serve as an advocate for the 4-H Members.
2. To maintain regular contact with members to monitor health, attitude and problem situations
3. To be aware of all prescription medication; but not to dispense medication
4. To make appropriate decision in emergency situations to enhance the health and well-being of the members
5. To have responsibility for determining the occurrence of inappropriate behavior and taking appropriate actions, which may include:
  - a. Counseling with involved member(s).
  - b. Taking disciplinary actions at the time of occurrence, not to include physical punishment.
  - c. Informing parents and UW-Extension personnel of misbehavior if leader/chaperone feels the situation warrants notification.
  - d. Deciding to remove member from the program and send his/her home early at the member family's expense. Representatives removed from the program in such a manner may be required to relinquish all funds provided towards event, may result in restricted opportunity to participate in future 4-H related activities for the involved member(s), and may be required to appear before the Trempealeau County Leaders' Association Executive Board.

As a 4-H member, I have read and understand the Trempealeau County 4-H Annual Behavioral Expectation Agreement and the Trempealeau County Hold Harmless Agreement accept each and agree to abide by all.

**4-H Member's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I, as parent/guardian, have read and understand the Trempealeau County 4-H Annual Behavioral Expectation Agreement and the Trempealeau County Hold Harmless Agreement, accept each, and agree to be bound by all. Parent's signature

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Trempealeau County**  
**ANIMAL ID & VET CHECK IN INFORMATION**  
**This form MUST accompany your animals upon arrival**

Premise ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Animal	Breed	Sex	Age	Type of Identification	Identification

**\*\*\*NOTE:** Please submit this completed form your Superintendent at time of unloading/penning/stalling.  
This completed form will be filed by the Superintendent  
**\*\*\*If the form is not completed and filed, you will not be able to show and  
be asked to remove your animal from the fairgrounds immediately.\*\*\***  
Attach copies of the vet inspection certificates and/or test papers as they must be kept on file at  
the Trempealeau County Fair Office per Department of Agricultural, Trade & Consumer Protection  
(DATCP) rules and regulations. Certificate copies will not be returned to exhibitors.

\_\_\_\_\_  
Exhibitor/Parent  
Checked in by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Fair Superintendent

\_\_\_\_\_  
Date

***This form will be brought with you to camp and turned in upon your arrival  
along with a copy of your Coggins test***

## University of Wisconsin Youth Event Health Form

### Event

Event Name	Event Date(s)
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### Contact Information

Youth Name (last name, first name)	Youth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (m/d/y)	Age on 1st Day of Event
Parent/Guardian Name (last name, first name)	Address (street, city, state, zip code)		Email
Home Phone	Work Phone	Cell Phone	
Second Parent/Guardian Name	Second Address		Second Email
Second Home Phone	Second Work Phone	Second Cell Phone	

### Health Conditions

<input type="checkbox"/> Heart: include if physician denied or restricted sports participation	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Cognitive or Developmental Please describe:	<input type="checkbox"/> Psychiatric Please describe:	<input type="checkbox"/> Muscular/Skeletal Please describe:	<input type="checkbox"/> Other Please describe:
			<input type="checkbox"/> Asthma: Is an inhaler required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Allergies

<input type="checkbox"/> Insect (bee) stings	<input type="checkbox"/> Foods	Please list the allergen and describe the reaction:	Is an EpiPen® required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medications	<input type="checkbox"/> Other, please describe:		

### Insurance and Tetanus Booster Information

1. Name of Insurance Company
2. Policy Number
3. Date Of Last Tetanus Booster Shot:

### Accommodations and Special Instructions

1. Does the youth require an accommodation to participate in this event? Please describe:
2. Please describe any limitations or restrictions regarding the youth's participation in event activities.
3. Is there any other information you want to share?

### Medications

Parent/Guardian: Some programs may choose to have limited over-the-counter medications available. Please select which medications can be provided, if they are available.	Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone (anti-itch) cream <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No

### Medications Youth is Bringing to Event

Prescription Medication Name	Purpose	Dosage (mg)	Times of day given	Side Effects	Prescribing Physician	Physician Phone Number

Please describe any special instructions or additional information regarding medication:

### Consent for Medication Treatment and Medication Administration

#### TO THE PARENT(S) OR LEGAL GUARDIAN(S):

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin, it is event/camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp health staff with the exception of controlled drugs. All medication must remain in the original packaging (bottle labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions). A limited amount of medication for life-threatening conditions may be carried by the youth (i.e. EpiPen®, inhaler, etc.). Please select one option below:

- No medication(s) has been brought to event/camp.
- The youth participant if age 14 or older, may administer the medication or operate the medical device. Please note that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by health staff.
- The designated health care staff will administer the medication or operate the medical device.



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for all of the following. By signing below as parent/guardian,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I confirm that I have read the program description and that the youth can participate in planned activities.
- I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Youth Name	Signature of Parent or Guardian	Date
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### To be Completed by Event Staff at Check-In

Are there any changes in the youth's health status, medications or other related information since this form was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the parent, guardian or Emergency Contact be available at this number during the event? <input type="checkbox"/> Yes <input type="checkbox"/> No