

### **Guidelines for 4-H Herdsmen at the Warren County Farmers' Fair**

- 1) ALL designated herdsmen will complete an application.
- 2) ALL designated herdsmen will complete a 4-H event permission form.
- 3) Designated herdsmen are responsible individuals 14 years of age and older.
- 4) If a parent/guardian is to stay overnight with the herdsman (in addition to the club leader), they must complete an adult behavioral agreement form.
- 5) A maximum of two herdsmen per 4-H Club per night will be appointed by the club leader and allowed to remain on the Fairgrounds overnight.
- 6) The 4-H Leader will designate these individuals prior to the Fair.
- 7) A list of designated herdsmen and permission/behavioral agreement forms will be kept at the 4-H building on the fairgrounds. All 4-H leaders will have a list of herdsmen and leaders/adults over 21 years of age or older who will be at the fairgrounds over night.
- 8) All herdsmen will be required to sleep within the building where the animals in their care are housed.
- 9) Security guards will have the authority to check for appropriate passes and remove all unauthorized personnel from the grounds based on the list of herdsmen given to the fair office.
- 10) All Herdsmen, their parents/guardian staying with them over night, or the designated adult over 21 who takes responsibility for them in addition to their club leader will abide by and adhere to the Warren County Farmers' Fair Inc. policy restricting the consumption and possession of alcohol and the use of illegal drugs on the grounds. (The Warren County Farmers' Fair Inc. policy and the 4-H behavior code restricting the consumption of alcohol and the use of illegal drugs on the grounds will be enforced)
- 11) Disciplinary problems should be brought to the attention of the 4-H Agent or a Fair Association Director.
- 12) Herdsmen will be paid \$80.00 if they stay the whole week. This will be given directly to the individual and handed out with other premiums.
- 13) If several herdsmen share the responsibility, then the \$80.00 can be split or given to the club.

### **Warren County Farmers' Fair Release and policy on alcohol and drugs**

*Herdsmen and their chaperone's hereby release the Warren County Farmers' Fair Association, Inc. its Directors, members, officers, employees, agents and sponsors from any and all responsibility or liability for injury or damages; and also agree to indemnify the Warren County Farmers' Fair Association, Inc. its Directors, members, officers, employees, agents and sponsors against damage claims, legal proceedings or judgments arising out of the transportation or exhibition of the Herdsmen and chaperone at the said Fair. Herdsmen and their chaperones further agree to hold the said Warren County Farmers' Fair Association, Inc., its Directors, members, officers, employees, agents, and sponsor harmless from any claim or suit for injury, damage or blame resulting from the participation in the Fair. Herdsmen and their chaperones hereby participate in the Fair at their own risk and recognize that they will be responsible for any accidents or injury incurred or property damage or injury to others caused by their or their animal and/or vehicle. They also agree to and understand that no alcoholic beverages are allowed on the Fairgrounds, on their person, or in their vehicle. If they are found to be under the influence or in possession of alcohol or other illegal substances, they understand they will be escorted off the Fairgrounds.*

Warren County Farmers' Fair  
4-H and FFA Herdsman Application

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Club/Chapter \_\_\_\_\_ Phone \_\_\_\_\_

Herdsman premiums will be given to (circle one)      CLUB      INDIVIDUAL

I have read the Guidelines for Fair Herdsman and the Warren County Farmers' Fair Release and policy on alcohol and drugs (below), and approve of, agree with, and intend to abide by these rules. I understand that being a Herdsman is a privilege that can be revoked immediately if found to have broken the policies set forth by the Warren County Farmers' Fair Association. I agree to remain in designated areas only.

Signed \_\_\_\_\_  
4-H/FFA Member

I give permission for my son/daughter to be a Herdsman at the Warren County Farmers' Fair. I have read the Guidelines for Fair Herdsman and the Warren County Farmers' Fair Release and policy on alcohol and drugs, and approve of, agree with, and intend to abide by these rules. I understand that being a Herdsman is a privilege that can be revoked immediately if found to have broken the policies set forth by the Warren County Farmers' Fair Association. I understand that my child will be under the direct supervision of their registered club leader who is 21 years of age or older.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

I designate the above name 4-H/FFA member to be a Herdsman for my Club/Chapter

Signed \_\_\_\_\_ Date \_\_\_\_\_  
4-H/FFA Advisor

In order for you to be paid by the Warren County Farmers' Fair Association, this original form must be completed and sent to the 4-H Office by June 30.

Warren County 4-H Office  
165 Rt. 519 South  
Belvidere, NJ 07823

**Warren County Farmers' Fair Release and policy on alcohol and drugs**

*I hereby release the Warren County Farmers' Fair Association, Inc. its Directors, members, officers, employees, agents and sponsors from any and all responsibility or liability for injury or damages; and also agree to indemnify the Warren County Farmers' Fair Association, Inc. its Directors, members, officers, employees, agents and sponsors against damage claims, legal proceedings or judgments arising out of the transportation or exhibition of the listing participant at the said Fair. I further agree to hold the said Warren County Farmers' Fair Association, Inc., its Directors, members, officers, employees, agents, and sponsor harmless from any claim or suit for injury, damage or blame resulting from the participation in shows that I am registered for. I hereby participate in the Fair at my own risk and recognize that I will be responsible for any accidents or injury incurred or property damage or injury to others caused by me or my animal and/or vehicle. I also agree to and understand that no alcoholic beverages are allowed on the Fairgrounds, on my person, or in my vehicle. If I am found to be under the influence or in possession of alcohol or other illegal substances, I will be escorted off the Fairgrounds.*

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them and their Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and County Boards of Chosen Freeholders, from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here** 

Signature of parent or guardian: \_\_\_\_\_

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## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

\_\_\_\_\_  
**Name of parent/guardian**      **Phone number**      **Name of additional emergency contact**      **Phone number**

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

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here** 

Signature of parent or guardian \_\_\_\_\_

*Continued on other side*

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

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## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

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Revised: January 2013, December 2019, 2021

*Cooperating Agencies:* Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and Boards of County Commissioners. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.

# New Jersey 4-H Release/ Agreement Form for Adults

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.

## Information about the Adult Participant and Activity

Name of Adult participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Have you gone through the appointed volunteer process?  Yes  No

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## Release of Liability

Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of all participants and preventing accidents, I release them and their Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and County Boards of Chosen Freeholders, 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 the case of illness or injury.

 **Sign Here**

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

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## 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.

_____ <b>Name of emergency contact</b>	_____ <b>Phone number</b>	_____ <b>Name of additional emergency contact</b>	_____ <b>Phone number</b>
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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/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

 **Sign Here**

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

*Continued on other side*

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I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.



\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

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