#### 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 Valcohol and drugs (below), and approve of, agree with being a Herdsman is a privilege that can be revoked in by the Warren County Farmers' Fair Association. I agree	n, and intend nmediately i	I to abide by these rules. I understand that if found to have broken the policies set forth
Signed4-H/FFA Member		
4-H/FFA Member		
I give permission for my son/daughter to be a Herdsm Guidelines for Fair Herdsman and the Warren County and approve of, agree with, and intend to abide by the privilege that can be revoked immediately if found to Farmers' Fair Association. I understand that my child club leader who is 21 years of age or older.	Farmers' Fai ese rules. Tu have broker	ir Release and policy on alcohol and drugs, understand that being a Herdsman is a n the policies set forth by the Warren County
Signed		Date
Parent/Guardian	n	
I designate the above name 4-H/FFA member to be a I	Herdsman fo	or my Club/Chapter
Signed4-H/FFA Advisor		Date
4-H/FFA Advisor		
In order for you to be paid by the Warren County Farn completed and sent to the 4-H Office by June 30.	ners' Fair As	sociation, this original form must be

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

Warren County 4-H Office

165 Rt. 519 South Belvidere, NJ 07823

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 of	or participating in this even	nt:		
Location of event:				
Date and time of participation of	individual named above: _			
	med above permission to permission to permission in guardians and Agencies: Rutgers, The selders, from any liability in ansporting my child to and arent or guardian:  I Emergency Authors to dispense the prescript the label (prescription drug	state University of New Jersey, I case of illness or injury as a resu from the event, from any liability arorization and Health tion drugs and/or over the counter gs) or below (over-the-counter means that the state of the stat	hough Rutgers Coorticipant and preventus. Department of lt of this activity. For your case of illness of the coordination of t	ting accidents, I Agriculture, and urthermore, I release or injury.  below in accordance of sudden illness or
authorize the 4-H chaperone(s) to participant. This authority extend and/or surgical procedures includ named participant. All efforts wil	take such action as seems ds to any physician(s) and/d ing examinations and tests l be made to contact the pa	appropriate to protect the health or surgeon(s) selected by the even necessary to preserve the health arent(s) or guardian(s) in case of or	and physical well-b nt coordinator(s) to and physical well-b emergency.	pering of the above perform medical peing of the above
Name of parent/guardian	Phone number	Name of additional emerg	•	
The following information is proparticipant has the following heal				
Health conditions:				
Medications/Instructions:				
Health Insurance: Company Grou	ıp#	ID#		
Sign Here Signature of pa	arent or guardian			

#### **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	

#### 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).

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<ul> <li>No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.</li> <li>□ No, do not use my name for any purpose.</li> </ul>



# **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

<u> </u>			
Address:	City:	State:	Zip:
Telephone number:	Email Address:		
4-H county:	Have you gone through the appointed	d volunteer process?	Yes No
Name of activity/event:			
Name of 4-H group sponsoring or participat	ting in this event:		
Location of event:			
Date and time of participation of individual	named above:		
participants and preventing accidents, I releat U.S. Department of Agriculture, and County activity. Furthermore, I release the owner an illness or injury.	d its event coordinator(s) will use the utmost p ase them and their Cooperating Agencies: Rutg Boards of Chosen Freeholders, from any liabiled driver of the car transporting me to and from	ers, The State University in case of injury this event, from any	ersity of New Jersey, y as a result of this y liability in the case of
In case of sudden illness or an accident to mathematical authorize the 4-H event coordinator or other well-being. This authority extends to any physical suddensity of the sud	rgency Authorization and Health yself requiring immediate treatment or surgery adults present to take such action as seems applysician(s) and/or surgeon(s) selected to perform to preserve my life and well-being. All efforts was ended of emergency.	while I am a partici propriate to protect r n medical and/or sur	pant in this activity, I ny health and physical rgical procedures
	5 ,		
named as my emergency contact above in ca	ne number Name of additional eme	rgency contact l	Phone number
Name of emergency contact  The following information is provided as an		y well-being. I have	
Name of emergency contact  The following information is provided as an conditions (include allergies, handicaps, dialergies, dialergies).	ne number Name of additional emeraid to the event coordinator in dealing with my	y well-being. I have etc.):	the following
Name of emergency contact above in care and the following information is provided as an conditions (include allergies, handicaps, dialement the following information is provided as an conditions (include allergies, handicaps, dialement the following information is provided as an conditions:	ne number  Name of additional eme  aid to the event coordinator in dealing with my betes, pregnancy, asthma, medications needed,	y well-being. I have etc.):	the following

## **New Jersey 4-H Code of Conduct**

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- 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.
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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.

Sign Here	Signature of participant	 Date
	Signature of participant	Date

#### **New Jersey 4-H Media Policy and Release**

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