



CECIL COUNTY 4-H CAMP ADULT STAFF CHECK LIST

Make sure you enclose all of the following paperwork in your envelope before mailing:

___ Liability Release & Informed Consent Form (Adult-UME Volunteer)

___ Camp Health & Medication Form (Adult-UME Volunteer)

___ Signed 4-H Code of Conduct (Adult-UME Volunteer)

___ Publicity Release (Adult-UME Volunteer)

Mail packet to: Cecil County 4-H Camp
PO Box 939
Elkton, MD 21922

Drop off packet to: University of Maryland Extension
200 Chesapeake Blvd, Suite 1500
Elkton, MD 21921



LIABILITY RELEASE AND INFORMED CONSENT AGREEMENT

EVENT NAME: _____

EVENT DATE(S) & LOCATION: _____

I wish/my child wishes to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named Event. If the individual participating in this event is my minor child, I give my permission for my child's participation in this event. In connection with and consideration of participation in the Event, I, on behalf of my child and/or myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
 - Participating in activities associated with this Event.
 - Contact with animals that may be associated with this Event.
 - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
 - Residing in a hotel/dormitory or other housing with adults of the same gender.
 - Use of lodging facilities pool, exercise, and/or other recreational facilities.
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
 - Proximity to Deer Creek
 - Proximity to steep terrain at outer limits of the camp
 - Possible exposure to wild animals
 - Injuries from nature such as bee stings, mosquito bites, snake bites
2. I understand participation in the Event is purely voluntary and neither my child nor I am in any way required to participate. I want to/want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should my child or I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if my child has/I have any health or medical conditions that may affect his/her/my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants, and I represent and warrant that my child has/I have adequate medical, health and/or other insurance.
4. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my/my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my/my child's participation in the Event and/or related activities.

OVER



5. I agree that my child/I will abide by all rules and regulations applicable to participation in the Program.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, University of Maryland Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE AND INFORMED CONSENT FORM, AND AGREE TO ITS TERMS VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT AGREEMENT TO THESE TERMS IS REQUIRED FOR MY/MY CHILD'S PARTICIPATION IN THIS UNIVERSITY OF MARYLAND EXTENSION 4-H YOUTH DEVELOPMENT EVENT, AND THAT IF I CHOOSE NOT TO AGREE TO THESE TERMS I/MY CHILD CANNOT PARTICIPATE.

4-H Youth
 Adult
Participant's Status

Printed Name of Participant

Participant's Signature

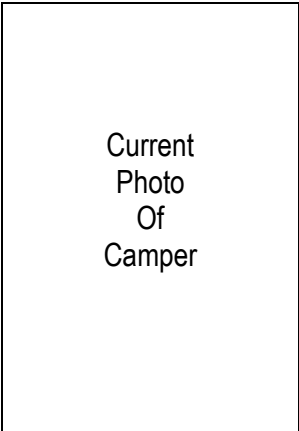
*Printed Name of Parent/Guardian

*Parent/Guardian's Signature

Date

****PARENT/GUARDIAN SIGNATURE REQUIRED IF THE EVENT PARTICIPANT IS A 4-H YOUTH OF ANY AGE***

MARYLAND 4-H CAMPS HEALTH FORM



Camper's Name: _____
Last First MI Nickname

Gender _____ Age at Camp Arrival: _____ Dates will attend Camp: _____
 Birthdate: _____ to _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Home Address: _____
Street Address

_____ City State ZIP County

School Attended: _____
 County: _____ Private Public Other _____

School Address: _____
Street Address City State ZIP

PARENT/GUARDIAN To be Notified in case of Injury or Illness:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

Home Address: _____
if different from camper Street Address City State ZIP

SECOND PARENT/GUARDIAN Or other Emergency Contact:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

ADDITIONAL CONTACT in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

HEALTH CARE PROVIDER CONTACTS

	Name:	Phone:
Primary Care Physician:	_____	_____
Dentist:	_____	_____
Orthodontist:	_____	_____
Other Provider (Specify):	_____	_____

HEALTH INSURANCE: Is camper covered by health/medical insurance? Yes No

Insurance Company: _____ Phone Number: _____
 Policyholder's Name: _____ Policy Number: _____
Attach photocopy of insurance card; be sure to copy both sides of card so information is readable

CAMPER HEALTH SUMMARY <small>(Camp Use - See additional pages for detailed health history)</small>	
<input type="checkbox"/> Camper has mild/moderate allergies <input type="checkbox"/> Camper has severe allergies that require immediate medical attention: _____ <input type="checkbox"/> Camper carries an Epi-pen, inhaler, or other emergency device: _____	<input type="checkbox"/> Camper takes daily medication <input type="checkbox"/> Camper has dietary needs or restrictions <input type="checkbox"/> Camper has physical limitations or disability <input type="checkbox"/> Camper has personal issues/needs: _____

Camper's Name: _____
 Age: _____ Birthdate: _____

IMMUNIZATION CERTIFICATION: State in which camper resides/attends school: _____
 Date of last Tetanus immunization: _____ Is camper exempt from any immunizations? Yes No
 List: _____

I certify my child has received and is up-to-date on all immunizations required for school attendance in the state where s/he lives/attends. If my child has not received required immunizations, I certify the appropriate exemptions or exceptions have been recorded with my child's school. I understand and accept the risks of my child not being fully immunized per state requirements.

Signature of Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "yes" answers in space below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had fainting or dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have a recurrent/chronic illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis (mono) in the last month? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. If female, had problems with period/menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have problems with falling asleep or sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had a recent head injury or concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have problems with diarrhea or constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Wear contact lenses, glasses, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Have any other condition or issue not listed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "yes" answers in the space below, noting the question number. For travel outside the country, list countries visited and dates of travel.

ALLERGIES: No known allergies Allergic to: Foods Medicines Environment Other
 (Circle all that apply & describe below. Attach additional pages if necessary)

What is camper allergic to? (Specific) _____ What is the typical reaction seen? _____ What is treatment is needed? _____

DIET/NUTRITION: Eats regular diet Lactose intolerant Other (Please explain below)
 Eats regular vegetarian diet Glucose intolerant

Notes about camper's diet/nutrition:

MENTAL, EMOTIONAL, AND SOCIAL HEALTH: Check "yes" or "no" for each statement.

Has the camper:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. In the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Had a significant life event that continues to affect the camper's life?
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is this the camper's first time away from home/family for an overnight event? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please explain "yes" answers in the space below, noting the number of the question. Attach additional pages if needed. The camp may contact you for additional information.

✿ CAMPER HEALTH HISTORY & AUTHORIZATION

Camper's Name: _____
Age: _____ Birthdate: _____

ADDITIONAL INFORMATION:

Please provide any additional information about the camper's health or well-being you think may be important for staff to know or that may affect the camper's ability to fully participate in the camp program. Attach additional pages if needed.

RESTRICTIONS:

- I have reviewed the program and activities of the camp and feel the Camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the Camper can participate with the following restrictions or adaptations (please describe):

AUTHORIZATION FOR PARTICIPATION, TREATMENT, AND RELEASE OF LIABILITY

I certify that this health history is correct and accurately reflects the health status of the camper to whom it pertains. I hereby give permission for medical personnel selected by University of Maryland Extension (UME) to provide routine health care; to order x-rays, and routine tests; to administer medications, injections, anesthesia, surgery, and other treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission for medical personnel selected by UME to secure and administer treatment including hospitalization for the participant named above. I further understand that I will be responsible for medical/hospital bills. By signing this form, I give permission for the participant named above to participate in all program activities except as specified herein. This completed form may be copied for trips out of camp and/or away from the program site. By signing this form, I release and forever discharge, agree not to sue, and to indemnify and hold harmless the State of Maryland, University of Maryland, and University of Maryland Extension and/or their officers, agents, employees, faculty, staff, and volunteers from and against any and all liabilities, costs, expenses, causes of action, claims, and/or demands in any way relating to the foregoing program activities and/or the health, illness, injury, and/or treatment of the participant named above.

Signature of Parent/Guardian: _____

Date: _____

Relationship to Camper: _____

Signature of Adult Camp Participant: _____
(over 18 years of age)

Date: _____

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Campers who will take daily medications, vitamins, supplements, etc. while attending this 4-H Camping Program must complete the Medication Administration Authorization Form, which must be signed by **BOTH** the Camper's Parent/Guardian and the prescribing Physician. Campers who will take daily medications must bring their own supply of prescription or non-prescription medications, and the supply must be provided by an adult to the Camp Staff upon arrival. See the Medication Administration Authorization Form for further details and instructions.

Check the applicable statement below:

- Camper **WILL NOT** bring/take daily medication(s), vitamins, or supplements while attending camp.
- Camper **WILL** bring/take daily medication(s), vitamins, or supplements while attending camp.*

***Medication Administration Authorization Form is required**

CAMP HEALTH CENTER MEDICATIONS & REMEDIES

The Camp will stock certain non-prescription medications and remedies in the Camp Health Center that may be used on a **one-time or limited as-needed basis** to manage minor illness and injury. Dosages of these medications and remedies will be administered according to directions on the label unless the Camper's Parent/Guardian provides written direction provided for alternate dosage or use. Check the boxes below to select which medications/remedies from the Camp Health Center you authorize the Camp Staff to administer to your Camper, according to general labeling instructions. Note any alternate use/dosage directions in the comments below, specifying **EXACTLY** which medication/remedy may be used other than as directed, and how it may be used for your Camper.

- | | | |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol) | <input type="checkbox"/> Antihistamine/allergy medicine | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Ibuprofen (i.e. Motrin, Advil) | <input type="checkbox"/> Pseudoephedrine decongestant (i.e. Sudafed) | <input type="checkbox"/> Antibiotic cream |
| <input type="checkbox"/> Naproxen/NSAID (i.e. Aleve) | <input type="checkbox"/> Sore throat spray | <input type="checkbox"/> Insect repellent/Bug Spray |
| <input type="checkbox"/> Immodium/Kao Pectate (for diarrhea) | <input type="checkbox"/> Cough drops | <input type="checkbox"/> Aloe gel or cream (for sunburn) |
| <input type="checkbox"/> Laxative (for constipation – i.e. Ex-Lax) | <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (i.e. Benadryl) | <input type="checkbox"/> Calamine Lotion |

Comments:

I give permission for UME-designated Camp Health Supervisor/Monitor to administer the medications and remedies listed above. I understand the medications/remedies maintained at the Camp Health Center are only for one-time or limited-time use, and will not be provided to my Camper on a long-term or continuing basis. I understand the medications/remedies will be administered according to label directions unless I specifically directed otherwise in the "Comments" section above.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____

Camper's Name: _____
 Age: _____ Birthdate: _____

PARENT/GUARDIAN AUTHORIZATION

I request the authorized Camp Staff to administer medication or supervise the Camper in self-administration if authorized, as prescribed by the Physician. I certify that I have legal authority to consent to medical treatment for the Camper named above, including the authority to consent to administration of medication. I understand that my camper should bring EXACTLY the amount each medication required for the duration of the Camp, in properly-labeled containers. However, further I understand that if any medication remains at the end of the authorized period it must be picked up by an adult, otherwise it will be discarded. I authorize Camp personnel to communicate with the prescriber as allowed by HIPAA.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____

AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY MEDICATIONS

This section should be completed if medication is approved for self-administration and/or self-carry by the Camper under supervision of a Camp Staff member. **"Self-administration"** means the Camper is able to take/apply the medication without assistance, but under supervision of a Camp Staff member. **"Self-carry"** means the Camper may carry the medication with him/her during Camp activities. Self-carry of medication by Campers is permitted only for emergency medications such as inhalers, insulin, epinephrine, etc. Unless noted as "self-carry," all self-administered medications will remain under control of Camp Staff designee and dispensed according to the listed schedule.

All self-administered and self-carry medication must be listed on the reverse of this form. **Both the Physician and the Parent/Guardian must consent** to self-administration and/or self-carry by the Camper. However, Maryland youth camp operators are not required to permit self-administration or self-carry by Campers.

I consent that the Camper named above is able to self-administer the medication(s) as listed on the reverse of this form. I authorize self-administration of the listed medication(s) by the Camper under the supervision of an authorized Camp Staff member. If indicated below, the Camper may self-carry emergency medication and self-administer as necessary.

Emergency medication(s) authorized for SELF-CARRY by Camper (must also be listed on reverse of this form):

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____

Physician's Signature

Physician's Name/Title

Physician's Phone

Date Signed

Physician's Address Stamp

Maryland 4-H Adult Code of Conduct

A goal of the Maryland 4-H Program is to provide opportunities for children and youth to build character. Maryland 4-H supports the CHARACTER COUNTSSM six pillars of character: **TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP.** In order to ensure Maryland 4-H programs provide positive environments for all individuals to learn and grow, 4-H Adults agree to abide by these expectations of behavior:

- ☘ I will be **TRUSTWORTHY**. I will be worthy of trust, honor, and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities, and I will not cheat, lie, knowingly give false information, or be dishonest in any other way. I will follow through on commitments I make and responsibilities I accept. I will not engage in illegal or unethical behavior.
- ☘ I will be **RESPECTFUL**. I will show respect, courtesy, and consideration to everyone, including youth participants, other adults/volunteers, those in authority, and myself. I will act and speak respectfully. I will not use vulgar or abusive language or cause physical, mental, or emotional harm. I will dress in a manner that is appropriate, tasteful, and respectful for youth. I will take care of property and facilities and will not intentionally cause harm or damage. I will appreciate diversity in skill, ability, gender, ethnicity, family, and personal beliefs. I understand that Maryland 4-H does not tolerate statements or acts of discrimination or prejudice.
- ☘ I will be **RESPONSIBLE**. I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I accept my personal responsibility to be informed of and follow policies, rules, and procedures of Maryland 4-H and 4-H events or activities in which I am involved. I will be accountable for my choices and actions and I will take responsibility for any mistakes or misconduct in which I participate.
- ☘ I will be **FAIR**. I will be just, fair, and open-minded. I will assist with events by following the rules, not taking advantage of others, and not asking for special exception or consideration. I will demonstrate good sportsmanship and will accept the final outcome of events and contests.
- ☘ I will be **CARING**. I will be caring in my relationships with others. I will be kind and show compassion for other people and living things. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members of my group to have a good experience by striving to include everyone.
- ☘ I will be a **GOOD CITIZEN**. I will be a contributing and law-abiding member of the organization, community, and society. I will not abuse illegal or illicit substances. I will refrain from using tobacco, tobacco products, or tobacco substitutes in the presence of youth at 4-H events. I will not act in a manner that is threatening, harassing, demeaning, or violent toward others, and I will not use technology or media to promote such actions. I will be respectful to the environment and contribute to the greater good. I will promote a spirit of inclusion by welcoming individuals from all backgrounds in my club and community. I will positively represent Maryland 4-H by holding myself to the standards of the 4-H Pledge and Motto.

SMCHARACTER COUNTS! Is a service mark of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

Maryland 4-H Adult Code of Conduct Agreement

Adult Code of Conduct:

Maryland 4-H expects adults participating in programs to conduct themselves in an acceptable manner and in accordance with the Maryland 4-H Code of Conduct outlined on the reverse of this document. Adults, both parents and volunteers, who engage in unacceptable conduct are subject to sanctions. Adult behaviors that are unacceptable under the Code of Conduct include, but are not limited to:

- Possession, use, or distribution of alcohol and/or illegal or illicit drugs while attending a 4-H program or event
- Use of tobacco, tobacco products or tobacco substitutes in the presence of youth at a 4-H program or event
- Abuse and/or misuse of prescription or non-prescription drugs or substances
- Sexual advances or activities involving youth
- Actions that create a hostile environment such as sexual innuendo, slander, profane language, racial/ethnic slurs or other disparaging remarks or hostile/bullying behavior
- Use of physical punishment for discipline
- Actions that create an unsafe environment, such as irresponsible or potentially hazardous behavior
- Failure to report suspected neglect and/or physical or sexual abuse to appropriate authorities
- Lying, cheating, or other unethical practices
- Physical, verbal, emotional, or mental abuse of, or threats toward, another person
- Theft, destruction, or abuse of property
- Use of electronic devices and/or social media to bully, demean, harass, or threaten another person
- Use of technology to create, post, or transmit to or willingly receive from youth unacceptable content such as that containing profanity, advocacy of use/possession of alcohol or drugs, violence, sexually explicit content, etc
- Promotion of religion or political preferences
- Breach of personal or professional confidentiality

Maryland 4-H Disciplinary Policy and Procedures:

An adult, parent, or volunteer in a 4-H program who engages in conduct that may jeopardize the health or safety of themselves, youth, other people, or the integrity of 4-H may be sanctioned or removed from the program or activity. The appropriate action will be made at the discretion of the University of Maryland Extension (UME) faculty/staff member.

Following the incident of inappropriate conduct, the individual will be notified in writing of the nature of any unacceptable conduct and potential sanctions. In such cases:

- The county/city UME faculty or staff member with overall responsibility for the program will set up a meeting to hear the individual. At the discretion of UME or at the request of the individual, a committee may be appointed by UME to review the matter.
- Following the meeting, the individual will be notified in writing of the outcome of the meeting and any sanction(s) to be imposed.
- Sanctions may be appealed in writing within seven (7) calendar days after the individual receives notice of the decision, to the Area Extension Director (AED). The AED will consult with the appropriate State 4-H Specialist(s) in considering the individual's appeal. The individual will be notified in writing of the decision of the AED.
- The decision of the AED may be appealed in writing to the State 4-H Leader within seven (7) days after the individual receives notice of the decision. The individual will be notified in writing of the State 4-H Leader's decision. The decision of the State 4-H Leader is final.

BEHAVIOR PLEDGE

I have read the Maryland 4-H Code of Conduct and the Maryland 4-H Disciplinary Policy and Procedures. I will support and uphold these principles, and will model positive behavior for all 4-H youth and families. I will support the individual in charge of maintaining appropriate behavior at 4-H programs, events, and activities. I am aware that my actions and decisions affect me and others and that poor actions or decisions may result in restriction or revocation of my access to current and future 4-H programs. I agree to accept the appropriate and logical consequences of my actions as determined by Maryland 4-H and University of Maryland Extension.

 Adult/Volunteer Printed Name

 Adult/Volunteer Signature

 Date

Maryland 4-H Publicity Release - Adult

The Maryland 4-H Program and the University of Maryland often use images of “4-H in action” to promote programs and activities, recognize achievement, and share the fun of 4-H. Maryland 4-H members and adults may be photographed or videotaped at 4-H events on the local, state, and national level. We ask for your consent to share images of you participating in or spectating at University of Maryland Extension and Maryland 4-H events. If you choose to decline use of your image for promotional purposes Maryland 4-H, UME, and the University of Maryland will not share photos or video featuring you. However, your image may still appear in group or action/activity photos, but you will not be specifically identified or named.

PUBLICITY RELEASE

I do hereby consent and agree that the Maryland 4-H Youth Development Program may take photographs and/or video/ audio recordings of me/my participation in Maryland 4-H Events. I consent that Maryland 4-H Youth Development and University of Maryland Extension may use any such photographs or recordings for educational and/or promotional materials. I further consent that my name may be revealed in such materials by descriptive text or community. I hereby release to the Maryland 4-H Youth Development Program all rights to exhibit this work publicly or privately, including posting it on the Maryland 4-H Website and associated social media platforms. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video or audio recordings, and agree that any uses described herein may be made without compensation or additional consideration.

Printed Name

Signature

Date

DECLINATION

I do NOT give permission to use my image in photographs or videos for promotional or educational purposes.

Printed Name

Signature

Date