

Cecil County Fair Overnight Permission Form

Only 4-H'ers who EXHIBIT their 4-H ANIMAL PROJECTS, and are taking care of their animal projects at the fairgrounds are allowed to stay overnight at the fair. Any 4-H member who is exhibiting 4-H animals and wishes to stay overnight at the Fair must complete this form. To stay in the Fair barns, 4-H members must have approval of parents or guardians. Parents or guardians must provide an adult chaperone to supervise and be responsible for their children staying overnight in the barns. This form must be presented to the Fair Office. Neither the University of Maryland Extension, Maryland or Cecil County 4-H Program, nor the Cecil County Fair is responsible for supervision of 4-H'ers staying at the fair.

Name of 4-H Member: _____ 4-H Age: _____

Primary Phone: _____ Alternative Phone: _____

Home Address: _____

E-mail Address: _____

Dates Staying: (Please check all that apply)

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> July 19, 2019 | <input type="radio"/> July 22, 2019 | <input type="radio"/> July 25, 2019 |
| <input type="radio"/> July 20, 2019 | <input type="radio"/> July 23, 2019 | <input type="radio"/> July 26, 2019 |
| <input type="radio"/> July 21, 2019 | <input type="radio"/> July 24, 2019 | <input type="radio"/> July 27, 2019 |

Location Staying:

- | | | |
|---------------------------------------|---|--|
| <input type="radio"/> Dairy Barn | <input type="radio"/> Poultry/Rabbit Barn | <input type="radio"/> Camper Area |
| <input type="radio"/> Beef/Sheep Barn | <input type="radio"/> Goat Barn | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Swine Barn | <input type="radio"/> Horse Barn | _____ |

Species Exhibited & Staying on Grounds:

- | | | |
|-----------------------------|--------------------------------|---------------------------------|
| <input type="radio"/> Beef | <input type="radio"/> Goat(s) | <input type="radio"/> Poultry |
| <input type="radio"/> Dairy | <input type="radio"/> Swine | <input type="radio"/> Rabbit(s) |
| <input type="radio"/> Sheep | <input type="radio"/> Horse(s) | |

The adult chaperone will be responsible for the above named 4-H member on the night(s) assigned.

Printed Name of Chaperone: _____

Signature of Chaperone: _____

Permission is given for my child to be in the Fair barns, with the 4-H animal exhibits, overnight as indicated above. My child is under the supervision of the chaperone named above and the chaperone is responsible for my child. I acknowledge that I and my child have read, understand and agree to abide by the rules, regulations, policies and procedures published in the fair premium book, 4-H Talk newsletter or received via e-mail or orally from the 4-H Office or Cecil County Fair Board of Directors.

Printed Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____ Date: _____

LIABILITY RELEASE AND INFORMED CONSENT AGREEMENT

EVENT NAME: _____

EVENT DATE(S) & LOCATION: _____

I wish/my child wishes to participate as a part of the Cecil County Fair 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 personal vehicle.
 - Residing in a barn, tent or camper
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
 - Injuries from interactions with animals such as, but not limited to, getting kicked, stepped on, bitten, butted, dragged, falling off.
 - Contact with manure, urine, and saliva.
 - 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 the Cecil County Fair and Cecil County 4-H program 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 the Cecil County Fair and Cecil County 4-H program 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 the Cecil County Fair and Cecil County 4-H program 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 Cecil County Fair and Cecil County 4-H program 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 the Cecil County Fair or Cecil County 4-H Program 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 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 YOUTH OF ANY AGE***

EMERGENCY NOTIFICATION INFORMATION SHEET

Cecil County Fair Office Copy

Youth's Name: _____

Age: _____

Parent/Guardian or Other Person to Be Notified in case of injury or illness:

Name: _____ Preferred Phone #1: _____

Relationship _____ Preferred Phone #2: _____

Second Parent/Guardian or Other Emergency Contact:

Name: _____ Preferred Phone #1: _____

Relationship _____ Preferred Phone #2: _____

Additional Contact in event parent/guardian or others cannot be reached:

Name: _____ Preferred Phone #1: _____

Relationship _____ Preferred Phone #2: _____

Brief Health History (If "yes" please explain):

Any medical conditions or special needs or circumstances? O Yes or O No _____

Any dietary, environmental or medicine allergies? O Yes or O No _____

Any prescription medications? O Yes or O No _____

EMERGENCY NOTIFICATION INFORMATION SHEET

Chaperone Copy

Youth's Name: _____

Age: _____

Parent/Guardian or Other Person to Be Notified in case of injury or illness:

Name: _____ Preferred Phone #1: _____

Relationship _____ Preferred Phone #2: _____

Second Parent/Guardian or Other Emergency Contact:

Name: _____ Preferred Phone #1: _____

Relationship _____ Preferred Phone #2: _____

Additional Contact in event parent/guardian or others cannot be reached:

Name: _____ Preferred Phone #1: _____

Relationship _____ Preferred Phone #2: _____

Brief Health History (If "yes" please explain):

Any medical conditions or special needs or circumstances? O Yes or O No _____

Any dietary, environmental or medicine allergies? O Yes or O No _____

Any prescription medications? O Yes or O No _____

(Please Note: If parent chaperoning their own child they do not need to fill out this sheet)