



Maryland 4-H Health Pledge

Until further notice, any person who wishes to participate in an in-person Maryland 4-H Activity must present a completed and signed Health Pledge. A completed Health Pledge is your "ticket" to an in-person 4-H Activity; you must fill it out at home and bring it with you to the 4-H Activity. Your Health Pledge will be reviewed and collected by an adult leader when you arrive. You will be asked to complete a new Health Pledge for every 4-H Activity you attend.

Health Pledges for minors (under age 18) must be completed and signed by a parent or guardian. Please answer the questions below and sign the form at the bottom of the page. Health Pledges should be completed the day of the 4-H Activity you plan to attend. You should take your temperature at home when completing this form, to verify you do not have a fever over 100.4°F.

4-H Activity: _____

Activity Date: _____

Participant's Name: _____

Participant's Age: _____

HEALTH CERTIFICATION

Have you experienced any of the following symptoms in the past 48 hours? Yes No

- | | |
|---|---|
| <ul style="list-style-type: none"> • Fever over 100.4°F • Sore Throat • Chills or feeling cold for no explainable reason • A new or worsening cough not due to another health condition | <ul style="list-style-type: none"> • Difficulty breathing • Loss of taste or smell • Muscle aches not caused by another health condition • Headache not normal for you, or not caused by another reason or health condition |
|---|---|

In the past 14 days, have you been exposed to someone who tested positive for COVID-19? Yes No

Is someone in your household currently quarantined because they were exposed to COVID-19? Yes No

If you answered "Yes" to one of the questions above, you should not attend the 4-H Activity. Contact your health care provider if you are experiencing the symptoms described above.

ACKNOWLEDGEMENT AND AGREEMENT

I understand that when participating in this 4-H activity I will be required to follow rules and protocols designed to help keep everyone safe and well. These rules include wearing a mask or face covering, practicing physical distancing, washing or sanitizing my hands, and cleaning and disinfecting surfaces, equipment, and materials. I agree to follow all rules, procedures, and protocols as directed by the adult leader(s) of the 4-H activity, and understand that failure to do so may result in my/my child's dismissal from the activity and barment from future participation.

I acknowledge and understand that my participation in this in-person 4-H activity is voluntary and I am/my child is not required to participate. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily assume all risk of illness, injury, loss, and/or damage to person or property in any way associated with my participation in this 4-H activity.

If I am/my child is diagnosed with COVID-19, I will notify my local 4-H program so they are prepared to assist with state contact tracing efforts as requested. I understand the 4-H program may alert others who attended this 4-H Activity that COVID-19 exposure has occurred, and that such notification will not identify me/my child as the source. I will cooperate with state and local health officials to provide necessary information about the individuals with whom I/my child had close contact during the 48 hours prior to experiencing symptoms. If I am notified I/my child was exposed to COVID-19 at a 4-H Activity I will participate in state contact tracing efforts, including responding to communications from contact tracing personnel.

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 illness, injury, loss or damage to person or property in any way arising out of or relating to my conduct of or participation in 4-H activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

Printed Name

Signature*

Date

****Must be signed by a parent/guardian if participant is under age 18***

