



**Oregon State University**  
**Extension Service**  
**Klamath County**

6923 Washburn Way, Klamath Falls, OR 97603

Telephone 541-883-7131 Fax 541-883-4582

<http://oregonstate.edu/dept/kbrec/>

## **Klamath County 4-H Enrollment and Fee Policy**

The 4-H year runs from October 1 through September 30 each year. Any deadlines that fall on a weekend, holiday, or other time when the Extension Office is closed shall be effective the next business day.

The 4-H program welcomes all members year-round to enroll and fully participate in all club activities. However, in order to participate in County Fair, a member must meet the enrollment deadline.

### **Complete enrollment consists of the following:**

- Completed 4-H Enrollment Form
- Code of Conduct signed
- Health Form signed
- Liability Waiver signed
- Livestock Exhibitor Agreement signed (if applicable)
- Applicable fees paid to the Extension Office

### **Enrollment:**

#### General Eligibility Policy

1. To enroll as a full 4-H member, age is based on the member's age as of September 1 of the project year. That is the member's "4-H age" for the entire project year. The age breakdowns for 4-H participation are:
  - **Age 5-8 = Cloverbud:** Birthdate September 2, 2014 – September 1, 2018
    - Restricted to specific activities. Information on Cloverbuds is available at <https://extension.oregonstate.edu/4h/cloverbuds-program>
  - **Age 9-11 = Junior:** Birthdate September 2, 2011 – September 1, 2014
  - **Age 12-14 = Intermediate:** Birthdate September 2, 2008 – September 1, 2011
  - **Age 15-19\* = Senior:** Birthdate September 2, 2004 – September 1, 2008
    - \*Youth who are 19 on September 1 must still be in high school to be eligible for enrollment. Youth with developmental disabilities may continue to enroll through the year in which they turn 21 (See 4-H Policy Manual for more information).
2. Youth must be a Klamath County resident with the 4-H project animal(s) housed within the county boundaries to be eligible for membership.
3. Members must be enrolled in a club. Exceptions for individual membership will be considered under special circumstances only.

Additional information on these, and other, policies can be found in the Oregon 4-H Policy Manual at <https://extension.oregonstate.edu/sites/default/files/documents/9686/4-h-procedure-manual-march-2019.pdf>

## Returning and New Members

1. For Klamath County Fair eligibility, all members must be enrolled **no later than December-22, 2023 by 4pm.**
2. Any members enrolling after December 22, 2023, are eligible to participate in club, county, state, and national level activities and programs, but will have to petition to the 4-H Office to enroll in a livestock activity.
3. New members are any youth who have not been previously enrolled in a 4-H program.
4. Returning members are prohibited from participating in a club, or any other 4-H activities, without being officially re-enrolled.

**Oct 1 – Dec 22..... \$40/member with \$80/household maximum**  
**After Jan 6 ..... \$45/member with \$90/household maximum**

### **Family Maximum:**

Please note that, if enrolled before the priority cutoff date, the fee structure has a household maximum of \$80 per family. This means that if you have more than two children in your family, you will only pay for two and the fees for the others are waived.

### **Enrollment Scholarships:**

For both returning and new 4-H members there are funds available to help cover the cost of the enrollment fee. Scholarships up to \$20 per member are available through the Klamath County 4-H Leaders Association to those members with verifiable financial needs (i.e. qualify free or reduced lunch) subject to the discretion of the Executive Council. All financial information will be kept confidential. To apply, contact the Klamath County Extension Office at 541-883-7131.

### **Refunds:**

Once a member has enrolled in the 4-H program, no refunds of the enrollment fee can be issued.

### **Fee Distribution:**

Enrollment fees cover state and county costs and member insurance. Oregon 4-H charges \$30 per member (\$5 more after the deadline), insurance for 4-H activities costs \$1 per member, and \$9 is collected to cover expenses at the county level. These fees provide curriculum for each member, supplies and materials for fair and other 4-H activities, and help to offset other costs of participating in the program.

### **Notes on Participation:**

Exhibiting at fair is important to many 4-H participants; however it does not define the 4-H program. A member that is ineligible to exhibit at the Klamath County Fair may still participate in countless 4-H programming opportunities throughout the year at various levels. If your child or club is seeking additional participation opportunities, please contact Traci Reed or Janice Schooler at the 4-H office for more information.



**Klamath County 4-H Youth Member Enrollment**

**Family Email** (*a working and regularly checked email*): \_\_\_\_\_  
**Family Last Name:** \_\_\_\_\_ **Family Primary Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**YOUTH INFORMATION**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_  
**Preferred Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Years in 4-H:** \_\_\_\_\_ **Gender:**  Male  Female  Neither  Prefer not to state  
**Member Email (if different):** \_\_\_\_\_ **Member Cell:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Residence:**  Farm  Rural (<10,000)  Town (10,000 - 50,000)  Suburb  City (>50,000)  
**Ethnicity:** (check one)  Hispanic  Not Hispanic  Prefer not to state  
**Race:** (check all that apply)  White  Black  Alaskan/American Indian  Hawaiian/Pacific Islander  Asian  
 Balance (other combinations)  Prefer Not to State

**EMERGENCY CONTACT**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email (optional):** \_\_\_\_\_

**PARENT/GUARDIAN 1** **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Address (if different):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Send Mail?:**  Yes  No

**PARENT/GUARDIAN 2** **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Address (if different):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Send Mail?:**  Yes  No

**Family Member in Military?:**  Yes  No **Who?:**  Self  Parent  Sibling  Other \_\_\_\_\_  
**Branch:** \_\_\_\_\_ **Status:**  Active  Reserve  Guard  Retired

**CLUB & PROJECT INFORMATION** (Only list Clubs/Projects you wish to enroll in for THIS year)

Club Name	Project Area	Number of Previous Years in Project

**CLUB LEADER SIGNATURE** (Required) \_\_\_\_\_

**OREGON 4-H YOUTH DEVELOPMENT PROGRAM  
YOUTH CODE OF CONDUCT**

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Exhibit good sportsmanship: be a role model and courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I use and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (iPod, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age. (Not use alcohol, tobacco, marijuana, illicit drugs, or be under the influence nor use fireworks or firearms.)
13. Know and follow safety policies of the Oregon State University Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area at any time without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room/no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer.)

*I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.*

\_\_\_\_\_  
**Youth Member Signature**                      **Date**

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**

**Media Release**

As parent or guardian, I give consent to use my child's image, in videotape, audio tape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release my child's name and hometown to news media for recognition purposes.

- I give consent
- I do not give consent

\_\_\_\_\_  
**Parent /Guardian Signature**                      **Date**

**OFFICIAL 4-H HEALTH FORM**

Rev. 9-09

County Klamath

Type of activity:  county/area     state     regional     national (check one)

Name of event/activity Klamath County 4-H Program

Participant's Name: \_\_\_\_\_  
Last First M.I.

Participant is:     Male     Female    \_\_\_\_\_  
Grade Birth Date

Emergency Contact: \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Daytime phone Evening phone  
\_\_\_\_\_  
Cell phone Other

**Health Statement** (to be completed by parent or physician)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program? If yes, please describe:				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event). If yes, please describe:				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe:				Yes	No
Name of all medications:					
Name and phone number of physician:					

Accommodations\*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability, Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\*Accommodations may include: speech, hearing or vision impairments that may affect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

PLEASE PRINT

Activity: Klamath County 4-H Membership Enrollment  
Group: OSU 4-H Youth Development Programs Date(s): 10/1/2023 - 09/30/2024**Participant Information** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to: Traci Reed at the Klamath County Extension Office 6923 Washburn Way, Klamath Falls

**If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.**

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) described above may include activities that may cause injury, illness, and be dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury and illness, up to and including death, may occur:

Participation in group activities (including but not limited to getting acquainted, problem solving, team building, or recreation); participation in indoor and outdoor activities; Work with project specific tools and equipment; May work with small or large animals

**With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury or illness to others and to myself.** I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**. I will indemnify Oregon State University, its officers, board members, agents, and employees (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, illnesses, and costs associated with my participation in this **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (*including Code of Student Conduct, when applicable*) and with any federal, state, city and other applicable laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**.

I recognize and acknowledge that the **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

**COMPLETE BOTH SIDES OF THIS FORM**

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury, illness, or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be **as broad and inclusive as permitted by law**. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation,\* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries or illnesses that I may sustain while participating in any activity associated with the ACTIVITY.

\*If your participation requires an accommodation, please contact \_\_\_\_\_ Traci Reed at 541-883-7131 \_\_\_\_\_ at least one week (7 days) before the date of the ACTIVITY.

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:  
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

**COMPLETE BOTH SIDES OF THIS FORM**



This document is subject to change.

### **Standards of Behavior for Adults Working in Programs and Activities with Minors**

As a condition of involvement in a university youth program, as defined in University Policy 07-040 (Safety of Minors), all employees, parents and volunteers must review the OSU Standards of Behavior prior to working in a youth program, and annually thereafter.

#### **I AGREE TO THE FOLLOWING**

##### *Conduct*

- I understand that I am responsible for reading and abiding by any rules and guidelines set by the program, as well as all applicable laws and university policies.
- I will abide by the University Code of Ethics and will promptly report any violation of law or university policy about which I become aware, including harassment, sexual misconduct, illegal or fraudulent activity, conflicts of interest or other unethical conduct.
- I will treat all youth equitably, with regard to their actions or behavior, sex, gender, sexual orientation, race, color, religion, culture, place of birth, age, class, ability, health, citizenship, language or other identities.
- I will not consume alcohol while on duty or responsible for the care of minors.
- I will not sell, use, possess or distribute drugs or related items that would violate the law or university policies.
- I will refrain from using vulgar language or making comments of a sexual nature in the presence of a minor, or making sexually explicit materials available to a minor.
- I will not, under any circumstances, administer corporal punishment, engage in abusive conduct, or fail to provide the basic necessities of care, such as food, water or shelter to minors.
- I will promptly respond to incidents concerning the health and safety of minors and other program participants, and will act swiftly to report known or suspected instances of child abuse or neglect in accordance with Oregon State Statute and OSU reporting requirements.
- I will notify the Office of Human Resources or Department of Public Safety within three days of pleading guilty or being convicted of a felony, sex offense or other crime relevant to my security-sensitive position.

##### *Communication*

- I will limit communication with minors to topics related to sanctioned activities and will include a second adult in any in-person meetings or direct electronic communications (i.e., text messaging, email, phone, social media, etc.).
- I will conduct all virtual interactions and online communications with minors in a manner that is consistent with the program's general safety and supervision guidelines, and only when there is a clear educational or programmatic purpose.





- I understand that parent or guardian permission is needed in advance of capturing and using any media (i.e., photos, videos, recordings, etc.) containing minors, and that such media may only be used for its intended programmatic purpose.

### *Supervision*

- I will carry out program activities in a way that ensures adequate levels of supervision and avoids one-on-one interactions with minors.
- I understand that at no time should I be alone privately with a single, unrelated youth in the context of a university program or activity. If one-on-one interaction is necessary, I will meet in an open, well-illuminated area within sight or sound of another adult.
- I will promptly notify a program supervisor if I become aware of any unauthorized contact that occurs outside of the program between a youth program participant and an employee or volunteer who is not the minor's parent or guardian.
- I will only release minors to their parent or guardian or a documented emergency contact, unless an alternative method of transportation or release is authorized in writing by the parent or guardian.
- I will handle vehicles, equipment and machinery in a safe and responsible manner, complete required trainings, and have applicable licenses and insurance.
- In my role, I will provide appropriate care and treat animals humanely. I will help others do the same.
- While planning fundraising, I will help ensure that the promotion and activities are approved through Extension staff for appropriate use of the 4-H Name and Emblem. Handle fundraising and funds in accordance with OSU and national 4-H regulations. (As public assets, 4-H funds must be used for educational purposes and never deposited into an individual's bank account.)

I understand and agree to abide by the OSU Standards of Behavior. I acknowledge that any violation of these standards could lead to disciplinary action, up to and including termination.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete if you have an Animal Project**

**Oregon 4-H Animal Science Exhibitor Agreement**

This agreement applies to all 4-H members currently enrolled in Animal Science projects only. I recognize that it is a privilege to exhibit my projects and will abide by the following guidelines:

1. I am an officially enrolled member of a 4-H Club in the state of Oregon.
2. I have owned/leased my project animal(s) prior to the required County ownership deadline. *They are as follows: Beef- March 1, 2023, Horse May 1, 2023, Swine May 15, 2023, and Sheep & Goats June 1, 2023.*
3. The official ownership date is the date shown on the bill of sale or receipt of sale, unless the animal was bred and owned, in which case, calving or birth records will be utilized. (Individual show rules may determine ownership requirements for non-market animals.) Registered breeding livestock must show the exhibitor or their immediate family as the sole owner of the animal on the breed association papers or certificates. In the case of leased animals, leases must be on file at the County Extension Office by the county ownership deadline of (see dates above: Horse deadline is May 1).
4. I will continuously own my project(s). If I sell my animal, I understand I may not repurchase the animal and continue to show it in the current project year. I may not show a market animal which has been previously sold at a county, regional, or major livestock show auction or sale in which the ownership of the animal has changed hands after the county ownership date. Showing an animal for another individual by claiming ownership in order to show in a specific livestock class or event is prohibited.
5. I will do my own work and be responsible for the feeding and care of my animal(s).
6. My project is a reflection of my efforts. I will accept the results of judging with grace and demonstrate good sportsmanship at all times.
7. I will represent my animal(s) honestly and will abide by all county, state and show rules. I understand that treating an animal internally or externally in any way to misrepresent the true nature of the animal is prohibited.
8. I understand all medications administered during a fair must be under the guidance of a licensed veterinarian after notification of Division Superintendent and 4-H Staff.
9. I agree to participate in drug testing if requested by show officials. Animals with residues of illegal drugs will be disqualified and I will be subject to repayment of any money received from the sale of that animal.
10. I will treat my animal(s) humanely and with respect and provide for their continuous well-being through proper feeding, handling, disease prevention, sanitation and attention to their safety. I know that animals showing any evidence of prolapse or mechanical repair will not be allowed in exhibition.
11. The Oregon 4-H Program reserves the final and absolute right to interpret these guidelines and to settle all matters, questions, and differences related to this agreement.

A breach of this agreement or violation of specific rules as designated by individual fairs and livestock shows may result in forfeiture of premiums and awards, disqualification, and may result in probationary status and/or loss of eligibility for future participation in organized livestock competition.

I am verifying that I have read and understand the above terms and the consequences of and penalties involved for illegal, unethical, inhumane, and unfair practices in livestock competition.

Print 4-H Youth Member Name

Member Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date