



SANDOVAL COUNTY 4-H YOUTH MEDICAL RELEASE, LIABILITY & MEDIA RELEASE FORM

New Mexico State University • Cooperative Extension Service • U.S. Dept. of Agriculture
Sandoval County Extension, P. O. Box 400, Bernalillo, NM, 87004, (505) 867-2582

NEW MEXICO 4-H YOUTH MEDICAL AND LIABILITY RELEASE / MEDIA RELEASE FORM

Please Print Clearly!

First Name:	Last Name:	Gender: [] Male [] Female
Address: :	Date of Birth:	Age:

City:	State:	Zip Code:	County:
Home Phone:		Work Phone:	
Cell Phone		Email:	
Do you have any special assistance needs? Yes or No If yes, please list below:		Do you have any food allergies? Yes or No If yes, please list below:	

NEW MEXICO 4-H MEDIA RELEASE

Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph the image and/or voice of my child for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you DO NOT consent to media release, please initial this line _____.

PHYSICIAN & INSURANCE POLICY INFORMATION

This member is covered by Health Insurance: Y or N	
Insurance Company:	Policy Plan #:
Policy Holder's Name:	Relationship to Participant:
Physician Name:	Physician Phone:

HEALTH INFORMATION

Please indicate if the youth has any of the following medical conditions (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Emotional/Mental Disorder |
| <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Eye/Ear/Nose/Throat | <input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries |
| <input type="checkbox"/> Other Condition(s): Please Specify: | | |

ALLERGIES OR REACTIONS (Check All That Apply):

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Insect Bites/Stings |
| <input type="checkbox"/> Ivy/Oak/Sumac | | |
| <input type="checkbox"/> Other: Please Specify: | | |

List Any Medications (Prescription or Non-Prescription) the Youth is currently taking:

Release of Liability and Medical Authorizations

The health history/special accommodation needs provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office. If an injury or other medical condition occurs or arises, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

4-H Member's Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

(Must be signed by Parent or Guardian)

New Mexico 4-H Code of Conduct

I pledge my Head to clearer thinking means a 4-H'er is committed to learn the knowledge and skills to enable them to make wise decisions through opportunities that develop independence. By gaining a sense of independence, the 4-H'er is committed to exercise self-discipline, personal responsibility and become an independent thinker. Therefore, the youth, by signing the contract, agrees to conduct him or herself; in a responsible manner and abide by all expectations as stated in NMSU Policies and Procedures Manual.

4-H Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

OTHER NOTES: