

WSU 4-H RESOURCE LEADER AGREEMENT

Return completed form to: **WSU Extension, 210 W Broadway, Ritzville, WA 99169.**
509-659-3209 FAX 509-659-3303 e-mail robertk@wsu.edu
Extension will provide copy of completed form to Program Coordinator.

Name: _____ /_____/_____
First Last Middle Initial Birth Day mm/dd/year

Address: _____ City: _____ State _____ Zip: _____

Phone(s) Day: _____ Evening: _____

E-mail: _____ I have valid Drivers License: Yes _____ No _____
Required if transporting youth

Name of Event(s) _____

I will Teach Assist Chaperone Host Other _____

Description of role(s) : _____

Continue on back if necessary

Date(s) and/or Time(s): _____ Supplies/Information needed: _____

I volunteer* my time to 4-H Other: _____

As a 4-H Volunteer or Contracted 4-H Resource Leader I:

- will treat others with respect and dignity, while creating opportunities for positive growth and development,
- will conduct myself in a courteous, respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills and serve as a positive role model for youth,
- will NOT consume alcohol or use illegal substances while at 4-H programs,
- recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for dismissal as a volunteer,
- will follow the proper reporting procedures for accidents and/or suspected abuse or neglect,
- will handle animals and operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youths in 4-H programs,
- understand and will enforce codes of conduct, policy and procedures specific to activities and youth for whom I am responsible,
- understand WA State Patrol Checks will be run on adults who will have direct contact with youth,
- understand and accept the inherent risks and hazards associated with my participation,
- unless noted below, give consent, that any photos taken of me during 4-H activities may be used for educational and promotional purposes; Photo use denied Photo use restriction: _____
- am responsible to the 4-H event coordinator and to WSU Extension and understand that I may be dismissed at any time.

Resource Leader Signature Date WSU 4-H Coordinator or Faculty Signature Date

*Volunteers may **not** accept payment for services. Only "Certified WSU Volunteers" are covered by WSU for 4-H program liability.

WASHINGTON STATE UNIVERSITY (WSU)
Lincoln-Adams Area Club and County 4-H Programs

For 4-H Resource Leaders or Contracted Personnel

ASSUMPTION OF RISK

As a participant/parent/leader/instructor, I understand that there are risks in participating in and conducting educational and recreational activities at Washington State University (WSU) 4-H events.

In consideration for and as a condition of my participation in voluntary 4-H activities, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to myself/my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in Lincoln or Adams Area Club and County 4-H meetings, recreational activities, and educational events, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from 4-H activities that cannot be specifically listed. Further, I recognize that the actions of other participants in 4-H activities may cause harm or loss to me/my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of myself/my child, as a result of or connected with participation in the above events. My/my child's participation includes, but is not limited to, travel to and from 4-H events in a private or public vehicle, any activity connected with the events, and use of state equipment or facilities for 4-H events whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, _____.

Name of leader or contracted staff member (Printed)

Signature

Parent must sign if volunteer or contracted 4-H staff person is a minor.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

OPTIONAL:

Person to contact in emergency: _____ Phone(s): _____

Allergies or medical conditions: _____

OPTIONAL:

Description of volunteer or contract role: _____

Volunteers may not accept payment for services. Only "Certified WSU Volunteers" are covered by WSU for 4-H program liability.

OPTIONAL:

Supplies or information needed: _____

OPTIONAL:

Comments or Questions: _____
