



## New Mexico 4-H Adult Medical and Liability Release

## Code of Conduct Contract and Media Release Form

## Please Print

|                                                                                                                                                                                                                                                     |                |                                                                                                               |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------|---------|
| First Name:                                                                                                                                                                                                                                         |                | Last Name:                                                                                                    |         |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                               | Date of Birth: |                                                                                                               | Age:    |
| Address:                                                                                                                                                                                                                                            |                |                                                                                                               |         |
| City/State:                                                                                                                                                                                                                                         |                | Zip Code:                                                                                                     | County: |
| Home/Work Phone:                                                                                                                                                                                                                                    | Cell Phone:    | Email:                                                                                                        |         |
| As a participant do you need an accommodation for a disability? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please list:                                                                                                          |                | Do you have any food allergies? <input type="checkbox"/> Y <input type="checkbox"/> N<br>If yes, please list: |         |
| Have you had any change in criminal status since your most recent 4-H background check? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>*If your answer is yes, please contact your County Extension Office for a new background check. |                |                                                                                                               |         |

## New Mexico 4-H Code of Conduct for Adults

The positive influence of caring, capable and responsible adults plays an important role in the lives of youth and the 4-H Youth Development Program. Adults working with 4-H youth are charged to lead by example and create a sense of belonging for the youth they support. Therefore, the adult, by signing this form agrees to conduct him or herself in a responsible manner and abide by all expectations as stated. **Participation may be terminated at the discretion of authorized CES Agent or the State 4-H Program Leader pursuant to rules and regulations established by New Mexico 4-H.**

## Expectations

- To cooperate with, support and empower adult staff and youth leadership as they facilitate the 4-H program.
- To oversee the health, safety, and whereabouts of the young people I am responsible for.
- To act as an informal mentor to young participants and model appropriate behavior.
- To abide by the same rules as the youth, spelled out in the Code of Conduct and Clothing Guidelines; including full participation and no use or possession of alcohol, drugs or weapons, before, during or after an event and until the youth are released from my responsibility.
- To orient youth participants as to expectations of dress, manners, safety, punctuality, etc., for the event and to answer concerns and questions of the youth.
- To enforce all written and signed behavior expectations established for youth participating in the 4-H Youth Development Program.
- To consult with local and/or state 4-H program contacts in determining appropriate disciplinary action in the case of inappropriate youth behavior.
- To refrain from causing or demonstrating conflict with other parents, volunteers, chaperones or agents in front of the youth.
- To act in the best interest of the youth in the event of an emergency.
- To communicate with fellow adults and youth in an appropriate manner with no swearing, cursing or abusive language in all forms of communication, including social media.
- To not use my position of trust for personal advantage or profit/gain through any form of communication, including social media.
- To avoid sexual contact of any type with youth and/or personal displays of affection with other adults in the presence of youth.
- To not ignore situations involving bullying, hazing or harassment, nor fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
- If I will be transporting youth for any 4-H activity, I certify that I:
  - Have a valid driver's license.
  - Understand the responsibilities of safe driving.
  - Have vehicle insurance, individual liability and medical coverage:
    - Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_
  - Have no prior convictions for driving while impaired or driving while under the influence of alcohol or drugs.

\*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that as an adult I should model positive behaviors and lead by example. Also, I understand that my behavior not only affect the youth under my direct supervision but the entire 4-H Youth Development Program and that I represent myself, my club, county and state as well as the overall 4-H Program. Therefore, I have read and understand the expectations related to the Code of Conduct for Adults and agree to be bound by it.

Signature

Date



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 my image and/or voice 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 \_\_\_\_\_

**New Mexico 4-H Medical Information**  
**Medical Emergency Contact Information**

|                  |                  |
|------------------|------------------|
| Name:            | Name:            |
| Relationship:    | Relationship:    |
| Phone:           | Phone:           |
| Alternate Phone: | Alternate Phone: |

**Physician & Insurance Policy Information**

|                                                                                         |                              |
|-----------------------------------------------------------------------------------------|------------------------------|
| I am covered by health insurance: <input type="checkbox"/> Y <input type="checkbox"/> N |                              |
| Insurance Company:                                                                      | Policy/Plan #:               |
| Policy Holder's Name:                                                                   | Relationship to Participant: |
| Physician Name:                                                                         | Physician Phone:             |

**Health Information**

Please indicate if you have any of the following medical conditions (**check all that apply**):

|                                                              |                                               |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Ear Infections       | <input type="checkbox"/> Diabetes/Hypoglycemia                  |
| <input type="checkbox"/> Hay Fever                           | <input type="checkbox"/> Migraine Headaches   | <input type="checkbox"/> Stomach/Intestinal                     |
| <input type="checkbox"/> Bronchitis                          | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Heart/Cardio Vascular                  |
| <input type="checkbox"/> Fainting Spells                     | <input type="checkbox"/> Muscular/Skeletal    | <input type="checkbox"/> Emotional/Mental Disorders             |
| <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 list): |                                 |                                  |

Please list any medications (prescription or non-prescription) you are currently taking:

**Release of Liability and Medical Authorizations**

The health history 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 and I am incapacitated, 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 me. 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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**