



New Mexico 4-H Adult Medical and Liability Release Code of Conduct Contract and Media Release Form

Please Print

Form with fields for First Name, Last Name, Gender, Date of Birth, Address, City/State, Zip Code, Home/Work Phone, Cell Phone, Email, and special assistance/allergies.

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.

Expectations

- List of 15 expectations for adults, including cooperating with staff, overseeing health and safety, acting as a mentor, abiding by rules, orienting youth, enforcing expectations, consulting with contacts, refraining from conflict, acting in the best interest, communicating appropriately, avoiding sexual contact, and not ignoring bullying.

*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



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 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: Y 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