OHIO STATE UNIVERSITY EXTENSION

Waiver and Permission to Transport Child/Charge
Ohio State University Extension

Child/Charge: _____

Event: 2026 OFMA Convention **Date:** _____

Location: OFMA Jr Fair Board Convention - Regency Columbus, Ohio

Driver: OSU Charter Bus Service assigned driver and/or OSU Extension S

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

(l) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
(2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
(3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
(4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

CFAES

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED! Attach Picture (for I.D. purposes only)

Participant/Member Information:

Name: _____ (Last) (First) (Middle)			
Address: _____ (Street) (City) (State) (Zip)			
Home Phone:	County:		
Date of Birth:	Male/ Female	Age (today):	

Emergency Contact Information:

Parent/Guardian Name:	Cell Phone:	Email:
Other Contact/Relationship:	Cell Phone:	Email:
Other Contact/Relationship:	Cell Phone:	Email:
Physician:	Phone:	
Dentist:	Phone:	

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____

Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

☐ To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

☐ The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Instructions for Medications:

- All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:

Last Name_____ First_____

Check below if the participant is subject to any of the following conditions:

☐ Asthma Controlled? yes/no	☐ Bronchitis	☐ Cramps	☐ Fainting	☐ Heart Trouble	☐ Seizures	☐ Sore Throat
☐ Athlete's Foot	☐ Constipation	☐ Diarrhea	☐ Frequent Colds	☐ Home Sickness	☐ Sinusitis	☐ Other? _____
☐ Bed Wetting	☐ Convulsions	☐ Ear Infections	☐ Headaches	☐ Kidney Trouble	☐ Sleep Walking	

Allergies:
If none, please write NONE here: _____
Food allergies: _____
Medication allergies: _____
Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____
Serious bee or insect sting reactions: What is the prescribed treatment? _____
NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Check below if the participant displays any of the following behaviors:

☐ Abusive to Others	☐ Easily Distracted	☐ Manipulative	☐ Self Abusive	☐ Withdrawn/Shy
☐ Bites	☐ Hyperactive	☐ Mood Swings	☐ Severe Fears (Please comment) _____	☐ Behavior Plan in Place (please attach a copy or description)
☐ Easily Discouraged	☐ Inappropriate Language	☐ Runs Away	☐ Short Attention Span	☐ Other? _____

Accommodations for Camp:
Please tell us about the accommodations your child may need at 4-H camp. This includes any restrictions for participation in activities:

☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
☐ I have dietary restrictions (describe below).
☐ I have limited mobility (e.g. crutches, cane, etc.).
☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
☐ I require the use of medical equipment that needs electricity (describe below).
☐ I have medical needs or accommodations that would limit my ability to fully participate in the scheduled program/activity (describe below).
☐ I require other accommodations not listed above (describe below).
☐ I do NOT require any special accommodations (none of the above apply to me).

_____
_____

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

_____

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

☐ Acetaminophen (ex: Tylenol)	☐ Antibiotic Ointment (ex: Neosporin)	☐ Dramamine	☐ Poison Ivy Medicine (ex: Calamine Lotion)
☐ Aloe Lotion	☐ Cough Syrup/Drops	☐ Ibuprofen (ex: Advil, Motrin)	☐ Sore Throat Medicine
☐ Antacids (ex: Maalox, Tums)	☐ Decongestant (ex: Sudafed)	☐ Insect Repellent	☐ Sun Screen
☐ Antihistamine (ex: Benadryl, Claritin)	☐ Diarrhea Medication (ex: Imodium)	☐ Laxative (ex: Milk of Magnesia)	☐ Swimmer's Ear Medicine
☐ Antiseptics			

Last Name_____ First_____

Liability Release for Camp/Program

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

ACTIVITY NAME: 2026 OFMA Convention

SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H Wayne County

LOCATION: 2026 OFMA Convention Regency Columbus, Ohio

DATE(S): **START DATE:** 1-17-2026 **END DATE:** 1-17-2026

DESCRIPTION: Participants in the 2026 OFMA Cprogram will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: sleeping in accommodations provided by 4-H, ziplining and other harnessed/ adventure activities (high ropes, cargo net, rock wall, rappelling, flying squirrel), recreational games (basketball, nine square, volleyball, and gaga ball), water activities (fishing, creeking, swimming, canoeing, kayaking, corcl, paddleboarding, water games), other adventure activities (hiking, hatchet throwing, archery, shooting sports), large and small group games, team challenges, reflections, dancing, campfires/outdoor cooking, singing, flag ceremonies, talent shows, sessions/workshops, outpost, group living.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Participant Signature: _____ Date: _____

Print Name: _____

_____ Date: _____

Authorizing Signature of Parent/Legal Guardian if

Participant is under 18 years of age

Print Name: _____

Last Name_____ First_____

Photo, Video Release, and Authorization

My child, _____ plans to participate in 2026 OFMA Ca programming through Ohio 4-H, taking place 1-17-2026. I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in 2026 OFMA Conv in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child's name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

- ◯ YES, I give permission to the photo, video release, and authorization.
- ◯ No, I do not give permission to the photo, video release, and authorization.

_____ _____

Authorizing Signature of Parent/Legal Guardian if participant is under 18 years of age — Date

_____ _____

Print Parent/Guardian Name — Print Full Name of Participant

Ohio State University Extension is part of The Ohio State University College of Food, Agricultural, and Environmental Sciences.

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Bloir, K., Epley, H.K. Updated 10/2024