

## 2023 WHEP National Contest Registration Consents

National WHEP Registrant's Name \_\_\_\_\_

State \_\_\_\_\_

### **PUBLICITY RELEASE**

During the Program and associated activities, photographs and video/audio recordings may be taken of you. In addition, during virtual programs, your location, setting, or other personal information may be electronically captured and displayed. Your typed name below will be considered permission for Iowa State University Extension and Outreach and the faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future, without any restrictions or additional consideration. If you object to Iowa State University Extension and Outreach using your image or voice in this manner, please notify the program faculty or staff in writing prior to participating.

**Yes, I give consent.**

**No, my child cannot be photographed or video recorded.**

### **TRANSPORTATION**

I understand that there may be transportation needed as part of the National WHEP Competition hosted by Iowa State University and Iowa 4-H. I give permission for me or my child to participate fully. I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, the vehicle's owner is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury, or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

**Yes, I give consent.**

**No, my child cannot be transported.**

### **WATER ACTIVITY RELEASE**

I understand that appropriately sized life jackets are required to be worn by all participants (youth and adult) when participating in any activity or part of the National WHEP Competition that involves being in a canoe, kayak, or boat. Further, I understand and appreciate that risks and dangers are inherent when participating in outdoor water activities. I give permission for me or my child to participate in the watercraft activities.

**Yes, I give consent.**

**No, my child does not have permission to participate in water activities.**

### **SWIMMING RELEASE**

Swimming at the National WHEP Competition will only be allowed if lifeguards are secured. I understand and appreciate that risks and dangers are inherent when participating in swimming activities. If the required lifeguards are present and on active duty, I give permission for me or my child to swim during this event.

**Yes, my child knows how to swim and can swim at least one length of the pool.**

**No, my child does not know how to swim and is not allowed to swim at this event.**

### **INHERENT RISKS AND DANGERS OF OUTDOOR ACTIVITIES, INCLUDING WATERCRAFT**

I understand and appreciate that risks and dangers are inherent when participating in outdoor activities. While participating in the selected activities, the body is subject to a variety of influences that may become potentially hazardous. Some of these hazards include, but are not limited to cuts, abrasions, contusions, broken bones, head injuries, falls from uneven or rough terrain or heights, skin irritation from poison ivy or other plants, ticks (and the diseases they carry), bites or other injuries by animals or insects, outdoor allergens, sunburn, dizziness, muscle cramps, heart attack, stroke, accidental capsizing or sinking of watercraft, drowning, hazards due to inclement weather and a variety of other injuries that can result in paralysis, loss of vision, loss of limb(s), or loss of life. There is also risk of emotional upset or anxiety. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my or my child's participation in the Activity, which cannot be specifically listed. Further, I recognize that the actions of other people, either affiliated or not affiliated with the event organizers, may cause harm or loss to my or my child's person or property. By choosing to participate, I acknowledge awareness and assumption of all risks associated with my or my child's participation.

**Yes, I acknowledge the risks and dangers of participating in this event.**

Parent/Guardian's Name (Print) \_\_\_\_\_

Parent/Guardian's Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to [www.extension.iastate.edu/diversity/ext](http://www.extension.iastate.edu/diversity/ext).



**IOWA STATE UNIVERSITY**  
Extension and Outreach

## 2023 IOWA LAKESIDE LABORATORY NATURE CAMPS RELEASE AND MEDICAL AUTHORIZATION FORM

Iowa Lakeside Laboratory makes every effort to ensure that your child will have a safe experience as a participant in our programs. However, we cannot control every risk, so please read this document carefully, and provide the information requested below, for it affects any rights you may have if the participant is injured while engaged in outdoor nature program activities. **This form must be completed for your child to participate in camp activities.**

### A. RELEASE FORM

I, \_\_\_\_\_ (PARENT OR LEGAL GUARDIAN NAME) of \_\_\_\_\_ (student's name) in consideration of the Iowa Lakeside Laboratory of the University of Iowa granting the student permission to participate in Lakeside's Nature Camps hereby assume all risk of personal injury (including death) which may result from any camp activities including transportation-related accidents; and acting for the child, myself, our heirs, personal representatives and assigns do hereby release the University of Iowa, the State of Iowa, the Board of Regents State of Iowa, their employees and agents, individually and collectively, from all liability, including claims and suits at law or in equity, for injury fatal or otherwise, which may result from the child taking part in camp activities, unless such injury is a direct result of the negligence of Iowa Lakeside Laboratory, the University of Iowa or that of its employees or agents.

#### **Obvious and Inherent Risks of Programs**

In addition to the obvious risks of engaging in the programs, I understand that the following are examples of inherent risks of participation: ticks, and the diseases they carry, insect bites, falls or other injuries from uneven or rough terrain, skin irritations from poison ivy or other plants, and hazards due to inclement weather. On lake and wetland field trips (camps for students age 8 and older only) hazards include, but are not limited to, accidental capsizing or sinking of boat, drowning, and inclement weather.

**Activity Restrictions:** We will be engaging in the activities listed below. Please inform us in advance of any activity restrictions or health considerations we should be aware of and follow.

- Hikes on Lakeside campus – all ages
- Hikes and field trips to area parks and wildlife areas
- Swimming at public beaches
- Wading in shallow wetlands and streams
- Permission for staff and volunteers to provide transported during field trips
- Kayaking and/or canoeing with experienced safety instructor

Do you request activity restrictions for any of the above activities for your student? *yes, please describe.*

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any known allergy or medical or other health conditions we should be aware of?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any medication that your child may need to take while at camp. Medications must be in original container. *Note: Lakeside staff does not administer medication.*

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### C. DIETARY RESTRICTIONS

Does your child have any dietary needs we should be aware of?

\_\_\_\_\_ Yes \_\_\_\_\_ No

NOTE: The Lakeside kitchen provides meat, vegetarian and vegan options. Students with gluten-free or other special restrictions may be accommodated on a general level, but those with highly specific dietary needs such as those requiring a cross-contamination free environment are required to contact Dr. Mary Skopec, Lakeside Executive Director (712-337-3669 ext. 5, [mary-skopec@uiowa.edu](mailto:mary-skopec@uiowa.edu)) to make arrangements to bring their own food.

**I have reviewed and provided the requested information in this form, and by signing below, I state that I have read and understand the conditions set forth in this Release and Medical Authorization form and that I agree to all conditions set forth herein, and that I have voluntarily signed this document.**

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

# 4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety, and property of others and adhere to this Code of Conduct. The following guidelines are designed to make your experience at 4-H events safe, meaningful and satisfying to you and all others attending.

## WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vaping, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

## WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules.  
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer \_\_\_\_\_ County \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_