



**4-H Member Enrollment Form**

Fremont County Extension Office  
615 Macon Ave., LL10  
Cañon City, CO 81212  
Office:719.276.7390 Fax:719.276.7470  
Email: CSU@fremontco.com  
Online enrollment:  
[www.https://colorado.4honline.com](https://colorado.4honline.com)

**Enrollment \$25.00**

Horse Project add \$1.00 Insurance Fee

Shooting Sports add \$5.00 Range Fee

Note: Families will purchase their own project manuals through the office. There may be additional fees for projects, you are responsible for purchasing supplies for the projects, if a club has dues, etc.

**All 4-H ages are based on your age as of 12/31/20**

**To be eligible to participate in the Fremont County Fair enrollments must be turned in and paid for by Feb.1, 2021.**

*Club and project meetings are subject to change according to COVID requirements.*

**NOTE: If your physical address is not in Fremont County you will need to fill out an Out of County Application and/or Continuation Form.**

**Legal Name** (please print) \_\_\_\_\_  
First (Nickname) Middle Initial Last

**Address** \_\_\_\_\_  
Street Physical Address and if mailing address is PO Box list also City Zip

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Year in 4-H** \_\_\_\_\_ **Member Cell** \_\_\_\_\_

**Family E-mail** (required) \_\_\_\_\_  
(Every family automatically receives a link to the Fremont County 4-H Newsletter via Family e-mail)

**Member E-mail address if they'd like to receive notifications** \_\_\_\_\_

**Gender:**  Male  Female **Residence** (check one)  Farm  Rural/10,000  
 Town/10 - 50,000  Suburb/50,000  City/50,000

**List any special accommodation for a disability to participate in this program.** \_\_\_\_\_

**Ethnicity** (check one)  Hispanic  Not Hispanic

**Race** (check one)  White  Black  Alaskan/Am Indian  Hawaiian/Pac.Island  Asian  Prefer Not to State

**Family Information**

**Parent(s)** \_\_\_\_\_  
First and Last

**Address** (if different) \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home** ( ) \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell Phone(s)** ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Legal Guardian  Send E-Mail

**Second Family Information**

**Parent(s)** \_\_\_\_\_  
First and Last

**Address** (if different) \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home** ( ) \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell Phone(s)** ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Legal Guardian  Send E-Mail

**Parent Military Information**

Member of Military? Y N What Branch? \_\_\_\_\_ Reserve or Guard? \_\_\_\_\_

| Project Name | Project Unit or level # if Applicable | Years in Project | Need book Yes or No (required) | Office Use Only Add Date | Office Use Only Drop Date | For Office Use Only |
|--------------|---------------------------------------|------------------|--------------------------------|--------------------------|---------------------------|---------------------|
|              |                                       |                  |                                |                          |                           |                     |
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|              |                                       |                  |                                |                          |                           |                     |

**Signatures required on back of form.**

**Permission for Youth to Participate**  
For the 4-H Enrollment Year

I hereby give permission for \_\_\_\_\_ to participate in organized events and activities offered by the Colorado 4-H Youth Development Program. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she participates. We also agree to follow the County/State 4-H Code of Conduct.

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE**

Participants Full Name: \_\_\_\_\_ for the current 4-H enrollment year beginning October 1 and ending September 30.

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. These risks may result in injury, death or damage to property. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, Fremont County and their members, officers, employees, agents and volunteers acting on their behalf. 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 have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

READ, UNDERSTOOD AND AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**DENIAL OF PERMISSION TO USE CHILD'S PHOTOGRAPH FORM**

Colorado State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may want to deny this publicity. If you DO NOT want your child's picture used for certain promotional efforts, select the appropriate option and sign below. If this form is not filled out, publicity about this child's participation will be used. I do hereby DENY permission for Colorado State University Extension and/or 4-H to use publicity information.

Signature of Parent or Legal Guardian \_\_\_\_\_ (Date) \_\_\_\_\_

**COLORADO 4-H CODE OF CONDUCT**

**4-H members, leaders, parents and other adults participating in 4-H programs will:**

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and act as positive role models.
3. Abstain from illegal behaviors, use of alcohol, marijuana, illegal or illicit drugs, and tobacco including e-cig, and vaping device during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Respect the rights and authority of parents, leaders and Extension Agents.
7. Abstain from abuse (physical and/or verbal) and harassment
8. Accept personal responsibility for behavior including any financial damage.
9. Be responsible for any financial damage caused by inappropriate behavior.
10. Adhere to principles and rules of safety.

Consequences for violating any of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc.

Behavior outside of 4-H activities can affect "member in good standing" or "volunteer in good standing" status.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

**By signing this form, we are stating that we have read and understand the 4-H enrollment rules, deadlines and requirements. We have read and agreed to abide by the 4-H Code of Conduct on the back of this form.**

\_\_\_\_\_  
Member's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature (required)

\_\_\_\_\_  
Date

**READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE \_\_\_\_\_ COUNTY, COLORADO 4-H FOUNDATION, COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.**

**Permission for Youth to participate in 4-H In-person Programming**

I understand that my child, \_\_\_\_\_, will be participating in the \_\_\_\_\_ Activities that may include (contests, workshops, banquets, dances and optional activities may include numerous inherent risks. I am aware and have discussed the following inherent risks with my child:

The specific risks vary from one activity to another, but the risks range from:

- Minor injuries such as scratches, bruises, and sprains;
- Major injuries such as eye injury or concussions
- Exposure to COVID-19.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against \_\_\_\_\_ County, Colorado 4-H Foundation, State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, Colorado 4-H Foundation, and their members, officers, agents, employees, and any other persons, or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my negligent acts or omissions arising out of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

**If participant is under the age of 18, his or her parent or legal guardian must sign:**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the \_\_\_\_\_ participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
(date)