4-H MARKET HOG PROJECT
REGISTRATION FORM

This form is due in the 4-H Office by January 31st of the current project year.
A $20 late fee will be added if received after January 31st. NO registrations will be accepted after February 10th.

Please complete and mail or bring this form to:
Cornell Cooperative Extension - Chautauqua County
ATTN: 4-H Office
3542 Turner Rd.
Jamestown NY 14701-9608
Age as of January 1, 2018

Please print all information. Date of Birth ________________

1. 4-H Member’s Name ________________________________

2. Address___________________________________________ Email optional____________________

3. Phone# ___________________________ 4-H Club__________________________

4. Years in 4-H___________ Years in this project including this year_____________________

5. Please check piglet. If this will be your 1st year showing a market hog at the County fair.

6. If not previously submitted, a completed 4-H enrollment must be on file with the 4-H Office.

4-H MARKET HOG PROJECT
PARENT & CHILD RESPONSIBILITY STATEMENT

I have read this 4-H Market Hog Project Booklet with my child, __________________________ (Print child’s name). We have spoken together about what we believe to be my child’s responsibilities and what we hope to achieve through participation in this 4-H Market Hog Project.

My child and I understand that the Hog Committee, our 4-H club leaders, and the 4-H Program Leaders are available to answer any questions and to guide the 4-H member and family to a successful completion of this project, and we understand that as a parent or guardian, my participation is important to my child’s success.

Participation in the 4-H animal program and offering of any livestock in the auction is made subject to the following terms and conditions and all participants unconditionally accept these terms and conditions in exchange for their participation. Any issues with respect to the sale of livestock are strictly between the seller and the buyer. Cornell Cooperative Extension Association of Chautauqua County, its officers, directors, employees and volunteers and the 4-H Market animal committees disclaim any responsibility for any injury to or loss of any animal regardless of cause of said injury or loss. Participants shall be solely responsible for any injury or damage to livestock and release and waive any right of recovery from association, its officers, directors, employees and all volunteers for any injury to or loss of any animal.

Parent/Guardian Signature __________________________ Date __________________________

Child Signature __________________________ Date __________________________

Please return this completed form to the 4-H Office no later than January 31st of current project year.
Acknowledgement of Risk Form – 4-H Member
This form must be completed to participate in 4-H clubs and related activities.

This form may be completed during 4-H enrollment for the full program year for 4-H activities and events designated below at the club, county, state and national level.

I hereby apply for my child to participate in the 4-H club and/or activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:
I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the 4-H club and activities and my child’s participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of 5 for Cloverbud members and 8 for regular 4-H members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of County
DATE(S): 4-H Program Year: October 1, 2017 – September 30, 2018
4-H CLUB ACTIVITY (Select anticipated program participation):
☐ All 4-H activities and events for program year
☐ Working with dogs
☐ Physical Fitness programs
☐ Shooting Sports
For Cloverbuds (youth 5-8 years old only):
☐ Cloverbud activities
☐ Cloverbud working with equine or other animal programs

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child’s participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT’S NAME (print) __________________________________________
DATE OF BIRTH: ___________________
ADDRESS: ____________________________________________________
PARENT GUARDIAN NAME (print): __________________________________________
SIGNATURE: _______________________________ DATE: __________________

This form must be kept on file until participant reaches age 21.
F.O. R. M. Code 1501
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