

A. Exhibitor Primary Information

Last Name: Who

PLEASE PRINT

First Name & Middle Initial: Cindi Lou

Birth date 1 / 1 / 02
Month Day Year

M F
Circle One

County Name King

Exhibitor ID # _____

Mailing Address 456 TRACTOR LANE City Enumclaw ZIP 98002

Emergency Phone: Daytime - (555) 123-4567 Evening - (555) 123-4567

Parent/Guardian's Name: Who Betty Lou Home Phone No. (555) 123-4567
Last First

Chaperone's Name Who Betty Lou mom M F
Last First Relationship to Exhibitor Circle One

Exhibitor will be staying in dorm staying in WWF camper-ville staying in _____ Motel Other _____
 Chaperone will be staying in dorm staying in WWF camper-ville staying in _____ Motel Other _____

By completing and signing this form, parent/guardian: gives permission for exhibitor herein named to participate at the State 4-H Fair, to be chaperoned as listed, and for emergency medical treatment to be initiated in parent/guardian's absence.

Parent/Guardian Signature Betty Lou Who

B. Medical Information

Circle condition below if "yes"

Allergies, Injuries, Illness, Regular Medications - List ↓

none

History of: Heart Condition Asthma
 Epilepsy Diabetes Sleepwalking
 OTHER: _____

C. Activity Information

Circle all that apply

ANIMAL I WILL EXHIBIT:

Beef Dairy Goat
 Swine Sheep Obedience Dog
 Rabbit Cavy Agility Dog
 Cat Equine Llama

ACTIVITIES I WILL PARTICIPATE IN:

Judging Contest(s) _____ Public Presentations Kitchen Activities
 4-H In Action Commodity Presentations Performing Arts
 Groom Squad Daily Fashion Revue Creative Consumers of Fashion Show

For State 4-H Fair Office Use Only

D. Pass Information

Exhibitor Name: _____

County No.: _____

Number of Passes Given:

Exhibitor _____ Initials _____

Adult _____ Initials _____

All adults desiring to shower in the dormitories must have a background check completed at the county level.

Dormitory Reservations should be made using Form 1.02m.

List shower band users:

Exhibitor: _____

Chaperone _____

Background Check Complete: Yes No

Extension Staff Signature _____

**WASHINGTON STATE 4-H FAIR
CODE OF CONDUCT**

As a participant in the Washington State 4-H Fair, you have earned the opportunity of representing the best of our 4-H program to the public. Therefore, you are expected to conduct yourself in a manner that reflects well on your state, county, and club, as well as yourself.

1. 4-H members will attend all orientation meetings and class competitions, as instructed by your superintendent. Inform the superintendent if you are not feeling well.
2. Participants will demonstrate respect and courtesy to each other, all adults, their animals, and the fair-going public. Please be considerate of others.
3. Dress appropriately for the occasion. Wear required attire while in classes and while on duty. Exhibitors are encouraged to interact with the public. The fair is an educational opportunity.....for both the exhibitor and the public.
4. Language must be controlled and appropriate. Swearing is not considered appropriate.
5. Possession or the use of alcohol, drugs, or any controlled substance (other than prescribed medicine) is strictly PROHIBITED!. 4-H members may not use tobacco products.
6. Avoid tampering or damaging fairgrounds buildings, other displays, equipment, etc. that may cause damage to the public, members, or leaders.

Exhibitors found in violation of rules or in practices unethical or inimical to the 4-H program shall be penalized by:

1. Forfeiture of all premiums, prizes, ribbons, awards, and/or privileges as deemed appropriate to the circumstances by the Fair Manager.
2. Elimination from participation at future state fair activities.
3. Notification of parents and be sent home.
4. Assessing the exhibitor's parents or guardians the cost of damages, repairs, or restitution.
5. Releasing the exhibitor to the nearest law enforcement agency and/or proper authorities.
6. Notification of the exhibitor's county extension staff person for consideration of further sanctions.

I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

Cindi Lu Who
Exhibitor Signature

Betty Lu Who
Parent/Guardian Signature

7-19-17
Date

7.19.17
Date

PHOTO SERVICES RELEASE

I hereby consent and agree that Washington State University, its employees or agents, have the right to take photographs, digital images, or video/film of me (and/or my property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

I hereby release Washington State University, its agents and employees all rights to exhibit this work publicly or privately, including postings to University web pages and to market and sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, digital images, video, or film and agree that any uses described herein may be made without compensation.

- I AGREE
 I DO NOT AGREE

to the above Photo Release Statement.

Cindi Lu Who
Exhibitor Signature

Betty Lu Who
Parent/Guardian Signature

7.19.17
Date

7.19.17
Date