NORTH HAVERHILL FAIR
4-H ANIMAL EXHIBITOR & PARENT/GUARDIAN FORM

The North Haverhill Fair is part of the NH 4-H program. Standard 4-H conduct is expected for the entire time that a 4-H’er is on the fairgrounds. Extension & 4-H Staff will not be responsible for 4-H exhibitors staying overnight on the fairgrounds. Parents are expected to supervise their children or to obtain a signature from the adult agreeing to provide supervision. Participation in the North Haverhill Fair is dependent on your agreement to the following expectations:

- 4-H members shall show respect for the property and facilities used during the fair and will assume financial responsibility for any damage they cause.
- 4-H members shall conduct themselves at all times in a manner appropriate to the standards and image of the 4-H program.
- 4-H members shall not use or possess alcoholic beverages or controlled drugs.
- All the animals planning to be exhibited at the North Haverhill Fair have been vaccinated for rabies.
- All 4-H animals are shown at the risk of the 4-H owner or 4-H leaser.
- Any damage to persons or property is the legal and financial responsibility of the 4-H member who owns or leases the animal, and their family.
- I/We have read this year’s NH Department of Agriculture Health Regulations for NH Fairs and Shows.
- I/We agree to the Parent/Guardian Behavior Guidelines for 4-H shown below:

  As parent or guardian, I agree to support my child’s involvement in and abide by the rules and policies of this fair and 4-H. I will be responsible for my behavior, exhibit good sportsmanship, and uphold exemplary standards of conduct at all 4-H activities. I will not possess, sell, offer, consume, or use alcohol or controlled substances at 4-H events and activities, nor will I attend 4-H activities under the influence of alcohol or controlled substances. Further, I will not be disruptive nor will I be verbally abusive to members or other adults at this 4-H event. I understand that my failure to comply with the preceding paragraph, or my participation in other inappropriate conduct as determined by UNH Extension representatives, may result in my loss of the privilege to attend 4-H events and activities or my exclusion from the program and in extreme cases my child’s exclusion as well.

I/We have read and discussed the above expectations and hereby agree to accept them. I/We have read and understand the 4-H North Haverhill Fair Book, including the unloading and departure procedures and the rules pertaining to the animal shows. I/We understand that failure to comply shall result in the 4-H member being expelled from the fair and premiums being withheld. In addition, as the parent/guardian, I/we give approval for the above stated 4-H member to attend and participate in the North Haverhill Fair and by the below signature take full responsibility for his/her actions.

Signature of 4-H Exhibitor: _______________________________ Date: ________________

Signature of Parent or Guardian: _______________________________ Date: ________________

(Continued on next page)
4-H Exhibitor’s Name (please print) ________________________________________________________

(First Name) (Last Name)

**Desigee / Responsible Adult**

As the parent/guardian, I plan to be on the fairgrounds the entire time my child is at the fair.

_____ Yes  (If “Yes” please skip down to ‘Youth Medical/Emergency Information’ section.)

_____ No  (If “No” please complete the ‘Designated Adult’ information below.)

Designated, pre-arranged, adult who is responsible for the 4-H exhibitor while at the fair if parent/guardian is off property:

First and Last Name (please print): ______________________________________________________

Signature of Designee: ___________________________ Date: __________

Telephone Number of Designee: ___________________________

**Youth Medical / Emergency Information**

Name of 4-H exhibitor’s doctor: ___________________________ Phone: __________________________

Allergies (please list): ________________________________________________________________

Medical conditions: _________________________________________________________________

List any medications the 4-H exhibitor takes: ____________________________________________

Special accommodations: ____________________________________________________________

If the parent/guardian or the doctor cannot be contacted, in emergency notify:

Name: ___________________________ Phone: __________________________

**Youth Media Release (To be completed by parent/guardian)**

4-H event participants may be photographed and videotaped for use in 4-H promotional and educational materials which may include use on web pages or social media. I authorize 4-H to record the above named 4-H member’s image and/or voice for use by the University of New Hampshire, its affiliates (including but not limited to the UNH Cooperative Extension, UNH Foundation, and 4-H Foundation of New Hampshire), or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

_____ Yes  _____ No