



2026 Junior Leaders Horse Camp  
**June 14th - 18th**  
Summit County Fairgrounds, Tallmadge, Ohio



**What:**

Five days of group lessons from qualified instructors in pleasure, horsemanship/equitation, dressage, reining, and unmounted horse management. Fees include these lessons, three meals daily, snacks, games/crafts, one horse stall per participant, a horse camp t-shirt, and a great time with fellow youth. All Camp organization and management by Junior Leader 4-Hers, club advisors, and volunteers.

Junior Leaders is a 4-H group made up of selected senior-level 4-H'ers from Summit and surrounding counties. They come from many different 4-H clubs where they already serve as leaders and they receive further education and training as members of Junior Leaders. As counselors at Horse Camp, Junior Leaders assist participants in caring for their horse's during the week. However, it is ultimately the participant's responsibility to care for their horse.

Trainers (some are 4-H Judges) from around the state are brought in daily to provide riding clinics. We try to provide a trainer for all divisions, including Western, English and Contest for both beginner and experienced riders. This camp is organized and run completely by volunteers and operated under the guidance of the Summit County 4-H Extension Office. Regardless of your equine endeavors, Horse Camp will give you an opportunity to learn and improve your skills.

**When:**

June 14th - 18th, 2026

Camp runs Sunday from 12:00 pm-7:00 pm and Monday-Wednesday from 7:00 am-7:00 pm NOTE: Camp will end Thursday at 5:00 PM - campers and horses can be picked up beginning at 5:00-7:00 PM. We will NOT be serving dinner Thursday evening.

(Horses remain on the grounds, participants must be dropped off & picked up daily by an authorized party.) Participants and horses may arrive for the week on **Sunday, June 14th from 10 am - 12 pm** There is a **mandatory** parent meeting at **1:30 pm on Sunday for horse camp attendees.**

Participants/horses may depart on Thursday, **June 18th between 5:00-7:00 pm. \*If you need extended time due to work obligations or multiple trailer loads, please note this on your horse camp application.**

**Eligibility:**

Participants must be at least 8 years of age as of June 14th, 2026.

Horses must be at least 3 years of age and appropriate for the participant to manage on his/her own. Greenbroke horses may be permitted by a Camp Director.

**Horses must have a negative Coggins within the year and be vaccinated for Eastern/Western Equine Encephalomyelitis, Tetanus, Influenza and Rhinopneumonitis.**

**Applications:**

**Completed registration, health form, and fee due by April 15th, 2026.**

There will be a limited number of participants accepted on a first come first serve basis by postmark date.

**Fees:**

\$200 (make checks payable to Summit County Junior Leaders 4-H.) Scholarships **may** be available (for those in financial need) see below.

Completed registration and fee due by April 15th, 2026.

Cancellations made before June 1st will receive a 70% refund. **No refunds beyond June 1st.**

A late fee of \$15 will be applied for registration received after April 15th (if spots remain.)

**What to pack (suggestions):**

**For Horse: Please clearly label all of your items with your name.**

2 Large Water Buckets	Saddle pads	Hoof Pick
Grain Bucket	Girth	Manure Fork/shovel
Extra Bucket	Brushes	Rake
2-3inch clips	Liniment	Muck Bucket
Bungee cords/ twine,	First aid supplies	Wheel barrel
Lead Ropes	Bathing supplies	Box Fan for Stall
Lunge line	Chicago Screws	Extension Cord
Halter & lead rope	Fly Spray	Tack Box
Bridle	Hay (plenty) & grain for 5 days	Saddle Rack
Saddle (english, western or both)		

**These items are not required for every horse and rider. Please bring materials that you use daily to ride and care for your horse. The barn can get very hot. We highly recommend extra water buckets and a fan for each horse. Bedding will be provided.**

**For Rider:**

Helmet (ASTM/SEI Approved)	Change of Clothes	Water bottle
Jeans/breeches/riding pants	Sweatshirt/jacket	Lawn/folding Chair
Gloves	Rain Gear	Sun Screen
Riding boots (Western or English)	Hat	Bug Spray
Muck boots		

**What not to pack:**

No electronics at all: including cell phones, iPods, iPads, and other gaming/multimedia equipment.

**Scholarship Information:**

Scholarships will be provided as available with thanks to our generous donors.

If financial support is needed, please see the link below for the scholarship application. Please submit the scholarship application with your completed Horse Camp Application before April 15th.

<https://tinyurl.com/t8ju6jd5>

All scholarship applicants will be notified after April 15th on the status of their application. **If you apply for a scholarship, please do not pay for camp until after you are notified of the status of your scholarship.**



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Name: \_\_\_\_\_ Age as of June 14, 2026 \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

County: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

Is this the first year you have attended Junior Leaders Horse Camp?      Yes      No

Preferred confirmation notification:      Phone Call      Text      Email

T-shirt size (size **and** youth or adult):      Small      Medium      Large      Extra-Large      **Youth**      **Adult**

Riding Level:      Walk/Trot      Novice      Intermediate      Advanced

Preferred Seat:      Western      English      Contest

Participant's 4H Club/County: \_\_\_\_\_

- ❖ **Camping** falls under the jurisdiction of the Fair Board Office. Camping at the fairgrounds is not connected to Junior Leaders Horse Camp. See <http://summitfair.com/> for more information and required forms. **Participants must stay with their parent or guardian.**
- ❖ You will receive a confirmation notification and the link to a required Google Form via your preference above when your spot in the program is secured.
- ❖ There will be a **MANDATORY PARENTS** meeting for **CAMP PARENTS** at **1:30 pm on Sunday, June 14th**. Any parents are welcome to attend. Participants will arrive between 10:00 am and 12:00 pm on June 14th. Horses and participants may leave Thursday, June 18th between 5:00 and 7:00 pm. Parents will be allowed on the grounds beginning at 5:00 pm on Thursday. If you need a later pick-up time on Thursday due to work, please note that on the application.

**Completed Registration and payment due by April 15th, 2026**

**Mail to: Horse Camp, 4633 Pritchard Ohtown Rd, Newton Falls, OH 44444**

Questions? Email us at [JLHorseCamp@gmail.com](mailto:JLHorseCamp@gmail.com)

**For Office Use Only**

Date received: \_\_\_\_\_ Payment method: \_\_\_\_\_



2026 Junior Leaders Horse Camp  
**Emergency Contact Information**



Participant's Name: \_\_\_\_\_

Parent / Guardian (Primary contact): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Nighttime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event that we cannot reach the contact listed above please list other adult individuals that would be authorized to pick up participants here: \* ID will be required to pick up campers. If there is an adult who will be picking up your child, other than yourself, they MUST be on this list or your child will NOT BE PERMITTED to leave with them.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Horse's Emergency Contact Information**

Horse's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:      Mare      Gelding

Vaccination Date (Please attach record or upload via the Google Form): \_\_\_\_\_

Coggins Date (Please attach copy or upload via the Google Form): \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Farrier: \_\_\_\_\_ Phone: \_\_\_\_\_

If leased:

Horse Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other important information about the horse below (eg. if special accommodations are needed).

\_\_\_\_\_



## 2026 Junior Leaders Horse Camp Expectations and Rules



Youth participating in Horse Camp sponsored by the Summit County Junior Leaders 4-H Club and the Summit County Jr. Fairboard are required to conduct themselves according to the Jr. Leader/Participant Code of Conduct.

### HORSE CAMP EXPECTATIONS:

- Participate fully in the horse camp program and activities. *Be respectful of all learning situations.*
- Be responsible for your own behavior/conduct, uphold high standards for the group and accept the consequences of inappropriate behavior.
- Support and abide by instructions given by the camp directors and staff • Practice good citizenship, leadership, and self-governance.
- Demonstrate positive sportsmanship and attitudes at all times, including with trainers and demonstrators.
- Exemplify the image of 4-H and show respect to others by being courteous and respectful.
- Use appropriate language at all times.

### HORSE CAMP RULES:

- Camp program runs from **7:00 am to 7:00 pm**. A designated adult must sign all participants out daily! Please list all approved adults on the attached emergency contact form. **ONLY** those listed on the form will be able to sign participants out. **No Visitors between the hours of 7:00 am to 7:00 pm.**
- Only pre-approved adult volunteers will be allowed on the premises from 6:30 am to 7:00 pm. Volunteer forms and approval are completed through the Summit County 4-H Extension Office or the Summit County Fairboard.
- Participants may not leave camp without an early release form being completed and signed by your parent/legal guardian and approved by a camp director.
- Participants must stay in the area designated for Horse Camp. The campgrounds are off limits during camp hours.
- **No cell phones or other electronic devices allowed.** If a camper needs to call home, he or she may make a request through a counselor or adult leader.
- All injuries and illnesses must be reported to the camp nurse.
- Do not deface property in any way. Participants will be charged for damages.
- Horses must be 3 years or older. *Greenbroke horses by approval of a director.* We reserve the right to send ANY animal we deem dangerous home at ANY time. Safety is #1.
- Participation in riding classes and organized activities is required unless excused by a counselor.
- Shoes must be worn at all times; sandals are not permitted. Riding boots and ASTM/SEI riding helmets are mandatory and must be worn when on horseback.
- Appropriate dress is required. No spaghetti straps, belly shirts, or revealing clothing. Boys must keep shirts on. The '3 finger' rule for tank tops will apply.
- Riders are to use a bridle and saddle while riding. **No bareback riding.**
- No horseplay at any time (mounted or unmounted).
- Participants are ultimately responsible for the care of their horse including: providing fresh water, clean bedding, and feeding appropriate amounts at appropriate times.
- Riders are to follow all rules concerning horse safety while at camp.

**ACTIONS TO BE TAKEN WHEN IN VIOLATION OF HORSE CAMP CODE OF CONDUCT AND/OR RULES:**

The camp directors will be notified or made aware of the violation and one or more of the following actions may be taken:

- 1) The parents will be notified of the incident and the actions taken by the camp directors.
- 2) When warranted (i.e., violation of Ohio Laws) the situation may be turned over to local law enforcement authorities.
- 3) The 4-H youth may be barred from participating in other 4-H events, as determined by the Extension Agent, in consultation with the 4-H Advisory Committee.
- 4) Violation of the above rules/ standards could be cause for dismissal from camp. **NO Refund will be issued.**

**JUNIOR LEADERS HORSE CAMP EXPECTATIONS AND RULES AGREEMENT**

I \_\_\_\_\_, have read the Junior Leaders Horse Camp Expectations and Rules and agree to abide by them. I also accept the consequences for my actions, if I choose not to follow the expectations and rules.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

I/We \_\_\_\_\_ have read the Expectations and Rules and support my/our youth's participation in the Junior Leaders Horse Camp.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date





Standards of Behavior for Minor Participants Participating in
Activities and Programs with Minor Participants

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to
conduct themselves according to the following standards of behavior. These standards operate in conjunction with
the guidelines and regulations of the specific activity or program.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
• Support and abide by the group’s designated leader
• Practice good citizenship, leadership and self-control
• Follow the direction of activity or program staff and/or leaders
• Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
• Show respect to others, be courteous and respectful
• Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor
participants:

- Unsportsmanlike conduct, unethical, immoral conduct
• Improper language, e.g., profanity
• Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
• Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
• Boys in girls’ rooms/restrooms and vice versa
• Destruction of property
• Violation of established curfew, when applicable
• Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
• Belittling others/putting others down and being disrespectful of individuals’ differences
• Aggressive physical behavior, e.g., fighting
• Taking property that belongs to others
• Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State faculty/staff

Violations of the standards of behavior will be handled as follows:

1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor
from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, \_\_\_\_\_, as a participant in an activity or program with minor participants, \_\_\_\_\_,
(name of minor, print) (name of activity/program, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my
actions if I choose not to follow the standards of behavior.

Minor signature

Date

I, we \_\_\_\_\_ have read the standards of behavior and support my minor’s participation in the
(parent/guardian, print)
activity/program.

Parent/guardian signature

Date

## Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**REQUIRED!**  
**Attach Picture**  
 (for I.D. purposes only)

### Participant/Member Information:

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: _____	County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____

### Emergency Contact Information:

Parent/Guardian Name: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
Dentist: _____	Phone: _____	

### Health History:

#### Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_ Mumps \_\_\_\_\_ Other Communicable Diseases \_\_\_\_\_

#### Immunization/Vaccine Record:

- To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.
- The participant has received a Tetanus Booster. Date of last booster: \_\_\_\_\_

*If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.*

#### Instructions for Medications:

- All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

### Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):  
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



**Check below if the participant is subject to any of the following conditions:**

Asthma Controlled? yes/no	Bronchitis	Cramps	Fainting	Heart Trouble	Seizures	Sore Throat
Athlete's Foot	Constipation	Diarrhea	Frequent Colds	Home Sickness	Sinusitis	Other?
Bed Wetting	Convulsions	Ear Infections	Headaches	Kidney Trouble	Sleep Walking	

**Allergies:**

If none, please write NONE here: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? \_\_\_\_\_

Serious bee or insect sting reactions: What is the prescribed treatment? \_\_\_\_\_

*NOTE:* If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

**Check below if the participant displays any of the following behaviors:**

Abusive to Others	Easily Distracted	Manipulative	Self Abusive	Withdrawn/Shy
Bites	Hyperactive	Mood Swings	Severe Fears (Please comment) _____	Behavior Plan in Place (please attach a copy or description)
Easily Discouraged	Inappropriate Language	Runs Away	Short Attention Span	Other? _____

**Accommodations for Camp:**

Please tell us about the accommodations your child may need at 4-H camp. This includes any restrictions for participation in activities:

I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).

I have dietary restrictions (describe below).

I have limited mobility (e.g. crutches, cane, etc.).

I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).

I require the use of medical equipment that needs electricity (describe below).

I have medical needs or accommodations that would limit my ability to fully participate in the scheduled program/activity (describe below).

I require other accommodations not listed above (describe below).

I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

Description of any camp activities from which my child should be exempted for health reasons: \_\_\_\_\_

**Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:**

Acetaminophen ( ex: Tylenol)	Antibiotic Ointment (ex: Neosporin)	Dramamine	Poison Ivy Medicine (ex: Calamine Lotion)
Aloe Lotion	Cough Syrup/Drops	Ibuprofen (ex: Advil, Motrin)	Sore Throat Medicine
Antacids (ex: Maalox, Tums)	Decongestant (ex: Sudafed)	Insect Repellent	Sun Screen
Antihistamine (ex: Benadryl, Claritin)	Diarrhea Medication (ex: Imodium)	Laxative (ex: Milk of Magnesia)	Swimmer's Ear Medicine
Antiseptics			

### **Liability Release for Camp/Program**

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH (MO/DAY/YR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ACTIVITY NAME:** \_\_\_\_\_

**SPONSOR OF ACTIVITY:** The Ohio State University, Ohio 4-H (insert county)

**LOCATION:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_ **START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**DESCRIPTION:** Participants in the \_\_\_\_\_ program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: sleeping in accommodations provided by 4-H, ziplining and other harnessed/adventure activities (high ropes, cargo net, rock wall, rappelling, flying squirrel), recreational games (basketball, nine square, volleyball, and gaga ball), water activities (fishing, creekng, swimming, canoeing, kayaking, corcl, paddleboarding, water games), other adventure activities (hiking, hatchet throwing, archery, shooting sports), large and small group games, team challenges, reflections, dancing, campfires/outdoor cooking, singing, flag ceremonies, talent shows, sessions/workshops, outpost, group living.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. 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 understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

Participant Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Authorizing Signature of Parent/Legal Guardian if

Participant is under 18 years of age

Print Name: \_\_\_\_\_

**Photo, Video Release, and Authorization**

My child, \_\_\_\_\_ plans to participate in \_\_\_\_\_ (*insert activity*) programming through Ohio 4-H, taking place \_\_\_\_\_ (*insert dates*). I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns (“OSU”) consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child’s participation in \_\_\_\_\_ (*insert activity*) in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child’s name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child’s name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child’s voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

- YES, I give permission to the photo, video release, and authorization.
- No, I do not give permission to the photo, video release, and authorization.

\_\_\_\_\_  
 Authorizing Signature of Parent/Legal Guardian  
 if participant is under 18 years of age

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Parent/Guardian Name

\_\_\_\_\_  
 Print Full Name of Participant

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