



SOUTH DAKOTA STATE UNIVERSITY EXTENSION

iLead 2023: A Voice For Agriculture

August 14, 2023 @ Turner County Fairgrounds

Volunteer Registration

Turner County Extension Office
PO Box 490, Parker SD 57053
Email: turner.county@sdsu.edu
Forms Due July 21

4-H Member Information:

Last Name: _____ First Name: _____ M.I.: _____
Mailing Address: _____ City: _____ Zip Code: _____
Sex: M / F Birth Date: _____ Age: _____ Grade: _____ School: _____
Club: _____
Primary Phone: _____ Primary Email: _____

Each Volunteer is required to wear a 4-H t-shirt during the duration of the event

I would like to be a Show Buddy:

Do you have experience with livestock (appreciated but not required): YES / NO
Do you have a livestock project to volunteer for this event (appreciated but not required): YES / NO
Type: Sheep Meat Goat (Circle One)

I would like to help in other ways. I would like to help with:

____ Ring Steward ____ Photographer ____ Hand out awards and ribbons ____ Registration ____ MC

Volunteer Agreement

Please read carefully, then initialize next to each.

- ____ I agree to protect the special needs participant at all times.
- ____ I will assist my participant by whatever means, in order to make their livestock showing experience the best it can be.
- ____ I will be a friend to my participant and I will strive to help build confidence and self-esteem in my participant.
- ____ I will be modestly dressed and wear a 4-H shirt at all times when I am volunteering.
- ____ I will demonstrate high morals and integrity both in and out of the show ring.
- ____ I will be of good spirit, enthusiastic, and have a kind attitude towards all participants and other volunteers.
- ____ I understand that a volunteer can be dismissed at any time.

Media Release

I hereby authorize South Dakota State University to photograph me and/or my property, and authorize South Dakota State University, its legal representatives, or successors and assigns the absolute right and unrestricted permission to copyright, publish and/or use such photographs or recordings in whole or part, or composite or form made for art, advertising, trade or any lawful purpose.
I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I understand no payment or compensation will be provided to use my photograph or recordings.



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I hereby release, discharge and agree to hold harmless South Dakota State University from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

Permission to Treat

I understand that first aid will be available at the event, that the participant will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the staff will not be held responsible in case of accidental illness or injury. I further understand that in case of serious illness or injury we will be notified. If it is impossible to contact us, we give permission of emergency treatment or surgery as recommended by the attending physician. Insurance is the responsibility of the individual according to the 4-H policies of the County Extension Service. I am familiar with, and understand the Extension policy regarding health and accident insurance.

My signature indicates that I have read this form, including the 4-H Code of Conduct, and support the individual(s) in charge of maintaining appropriate behavior. I agree to accept the appropriate and logical consequences of my child's actions according to this policy as determined by the South Dakota 4-H program.

Furthermore, I give permission for my child to receive emergency medical attention, and to participate in 4-H program activities.

Your signature indicates you accept the Media Release and Permission to Treat paragraphs. If you do NOT accept the Media Release or the Permission to Treat paragraphs, draw a big X across the section you do not accept.

Parent Signature _____ Date ____ / ____ / ____