



Youth Working Steer Participation Permission and Agreements Form

Name of Activity _____ Date(s) _____

Participant: Please read this form carefully, provide all requested information, and sign and date the bottom of this page.

Name: _____

last,

first,

middle initial

Mailing Address: _____

Town, State, Zip: _____

Telephone: (_____) _____ County _____ Birth

Date _____ Gender _____

Roommate preference (if applicable to this event) _____, _____

As a participant in this program, I understand that I represent myself; my family; my county; my state; and all Eastern States Exposition participants, volunteers and staff. By my actions, will Youth Working Steer be judged. Therefore, by my signature below, I agree to:

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the Dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions. This may include, but is not limited to, a loss of privileges during this program, loss of privileges in the future at Eastern States Exposition; and/or immediate dismissal from this program as determined by Eastern States Exposition, Director of Agriculture and any necessary personnel.

Signature: _____ Date: _____

Parental Statement – Please sign and date

My daughter/son/ward has my permission to attend this program. I have read and understand the statements they have agreed to above and support this agreement. I realize that I am personally responsible for my daughter/son/ward while they are attending this program. I understand and expect that should my daughter/son/ward break this agreement and the adult coordinators find it necessary to dismiss them from this program, that I am responsible for their transportation home.

Signature: _____ Date: _____