

Calhoun County Fair

Code of Conduct / Media Medical Release

Participant Name: \_\_\_\_\_ Year: \_\_\_\_\_

Organization \_\_\_\_\_ Area of Participation: \_\_\_\_\_

SECTION 1 – Code of Conduct

Calhoun County Fair offers many opportunities to the participants, parents, leaders and vendors. A code of conduct will be used, but has no meaning for the participants, their parents, or volunteers if it's not enforced.

Participation at the Calhoun County Fair is subject to the observance of the rules. Anyone who violates the Code of Conduct is subject to disciplinary action. Determination of discipline will be handled by the CCAIS Board of Directors and the Fair Manager.

Participants will:

- Show respect and cooperate with others.
- Follow the rules set forth in the Fair Book and the Youth Guidelines.
- Under no circumstance commit/threaten violence towards others.
- No illegal use of alcohol, drugs or smoking while at a youth event.
- Under no circumstance bring dangerous or unauthorized material to the fairgrounds (including explosives, weapons or similar items)
- Abstain from harassment or bullying of others (face to face interactions, social media, or other communication venues)
- Discrimination will not be tolerated (gender, race, age, sexual orientation, religion, national origin, disability or appearance)
- Not cheat or falsely represent the efforts related to fair activities.

I have read and understand the Code of Conduct and agree to abide by the rules stated above. I understand I may be removed as a participant of the Calhoun County Fair if I fail to follow the rules.

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian must sign if the participant is under the age of 18.

SECTION 2 - Media Release

I authorize Calhoun County Fair to record my image and/or voice for use by the fairgrounds for promotional programs. I understand and agree that these images may be distributed, without payment or fees in perpetuity.

Participant Initial: \_\_\_\_\_

Parent/Guardian Initial: \_\_\_\_\_ Parent/Guardian must initial if participant is under the age of 18.

SECTION 3 – Official Medical Treatment Release

I recognize that while attending Calhoun County Fair, medical treatment on an emergency basis may be necessary. I recognize that volunteers and staff overseeing the event may be unable to contact me for my consent in an emergency. I hereby give consent in advance for emergency care, as deemed necessary under the circumstances and assume the expense of such care. I also authorize that any/all information required to complete insurance claims and authorize insurance payment directly paid to the medical facility.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Initial: \_\_\_\_\_ Parent/Guardian Initial: \_\_\_\_\_ Parent/Guardian must initial if participant is under 18.

I agree to all terms listed on this form. Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian must sign if participant is under the age of 18