Welcome to 4-H Camp!

We are excited for camp and know you are too. We will have overnight and day campers at the Clark County 4-H Camp again this year to accommodate as many youth as possible.

- Take time to **REVIEW THE ENTIRE 4-H Camp Packet.** It will make check-in less stressful for you and your campers.
- Bring your child(ren) to 4-H Camp with **ALL THE Required Paperwork Completed.**
- Use the **Camp Packing List** to pack the things your camper will need for 4-H Camp. Please leave the items at home that are not permitted at 4-H Camp!
- **Questions:** Contact 4-H Educators

Patty House
house.18@osu.edu
937-398-7599

Jeremy Elleman
elleman.30@osu.edu
937-398-7606

Schedule Your Check-In

- **Fri., June 19, 3 PM-5 PM at Camp Clifton**
- You **Must Schedule** Your Child(s) Check-In Time by Thurs., June 18 at **https://go.osu.edu/2026clarkco4hcampercheckintime**

Scan QR Code

Sky Zone Participants Must Have A Parent Complete the On-Line Release Form at **http://www.skyzone.com/dayton** prior to coming to camp check-In. **Your child will not be able to go to sky zone without this completed.**

Camper Check-In Process

- **Unload Camper's Belongings.** Bring a wagon along for you and your camper to use to move the camper's belongings to the cabin.
- **Turn in Camper Paperwork at the Lodge**

  Required for All: Health Form, Informed Consent, Standards of Behavior for Minor Participants Form

  If Applicable to the Participant: Immunization Exemption, Restricted Release and/or Early Release Form(s)
- **Turn in ALL Medications and/or Discuss Any Health Concerns at the Lodge** with the Camp Nurses, Kristie Pencil, RN and Paula Harris Copley, RN.
- **Ask Any Questions** to Camp Staff.
- **Walk Your Camper Back to the Cabin to Meet Cabin Counselors and Sign Your Camper in at the Cabin.**

  Help put camper's belongings in the Cabin, make their bunk, ask counselor any questions, take a photo, etc.

Health Protocols

- Please do not bring your child to camp if they have a fever, or have other contagious diseases (pink eye, head lice, strep throat, etc.) and have not been cleared by a doctor to attend Camp.
- Campers that experience any illness, injury, or accident during camp will be assessed by the camp nurse(s) for treatment and whether the camper can stay at camp or will need to go home or seek other offsite treatment.

Camp Location

4-H Camp Clifton is located about 10 miles south of Springfield (about 1 mile west of the village of Clifton) on Clifton Road, just off St. Rt. 72.

Camp Mail

Send mail to: **4-H Camp Clifton, 2256 Clifton Road, Yellow Springs, OH 45387.**
Write Clark Co. 4-H Camp on the envelope or package.

PARTICIPATION

- Campers are encouraged to fully participate in camp until dismissal on Tue., June 23. If a camper needs to leave and return to camp or leave early, an **Early Release Form** must be completed and submitted at check-in.
- If someone other than the person who checks the camper into camp is picking the camper up from camp at any time including at the end of camp, the **Restricted Release Form** must be completed and submitted at check-in.

Camp Visitors

- No visitors except for emergency or pre-arranged with Patty House to drop something off.
- Anyone coming to camp to pick-up/drop off a camper for an event or drop off something for a camper, you must check-in and out at the Nurse's cabin.

Camp Photos

We will be taking photos throughout camp to promote future camps, use in the 4-H media show, etc.

Emergency Phone Calls Only

Camp Office Phone: 937-767-7552

Patty House Phone: 937-398-7599

4-H Camp Policy!

DO NOT BRING TO CAMP

Cell phones, iPads, laptops, tablets, cameras (digital, film or disposable), Ipods, smartwatches, etc.

You will be required to sign at check-in that your child does not have any of these items with them.

Please do not send these items! Youth that violate this rule will be sent home from camp.

NO EXCEPTIONS! NO 2nd CHANCES!

Thanks for your cooperation!

Dismissal

- **Tues., June 23, 10 AM at the Cabin.**

Dismissal Procedures

➔ **PARK in the GRASS FIELD! Walk to your camper's cabin after the Camp closing ceremony on the blacktop.**

➔ **Please check the cabin area, clothes line and lost and found in Lodge for any of your camper's belongings and/or completed crafts. We DO NOT bring lost and found back to the Extension Office.**

➔ **Parent/legal guardian MUST SIGN your camper out with the cabin counselor.**

➔ **Camper(s) being picked up by someone listed on the camper(s) Restricted Release MUST Show a Photo I.D. before the camper will be signed out to them.**

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OSU Extension, Clark County 4-H Youth Development educational programs provided with major support from the Clark County Commissioners: Sasha Rittenhouse, Charles Patterson, Greg Kaffenbarger

Tentative 4-H Camp Menu

BREAKFAST

- Breakfast Bar (Chocolate/Blueberry Muffins, variety of Cereal, Nutra Grain Bars, Granola Bars, Pop Tarts, Fresh apple slices, orange slices, bananas, yogurt, juice, white and chocolate milk
- Breakfast Casserole (Egg, Bacon Cheese)
- Sausage Gravy Biscuit
- Egg & Cheese Omelet served with sausage links
- Donuts

LUNCH:

- Bosco Sticks with Dipping Sauce, Cookie
- Hot Dog, Potato Chips, Cookie
- Chicken Tenders, Mac & Cheese, Cookie

DINNER

- Pulled Pork Sandwich, Chips, Eclairs
- Cheeseburgers, Potato Smiles, Brownie Bites
- Chicken & Cheese Quesadilla, Tostitos & Salsa, Sour Cream, Rice
- Grilled Chicken, Carrots, Cornbread, Watermelon, Ice Cream (no salad bar)

Salad Bar & Drink with Lunch and Dinner:
Lettuce Mix, Cucumbers, Grape Tomatoes, Baby Sweet Peppers, Shredded Cheese, Pasta Salad, Potato Salad, Cottage Cheese, Applesauce, Peaches, Mandarin Oranges, Pineapple, Sunflower Seeds, Croutons
Dressings: Ranch, Italian, Honey French

Peanut Butter & Jelly sandwich served as option at all Meals.

4-H Camp Staff:

- **4-H Educators & Camp Directors:** Patty House, Jeremy Elleman, Holly Hogan
- **Dean of Women:** Andrea Maxson
- **Dean of Men:** David Farrell
- **Program Leaders:** Alex Henz, Alex Ryan, Riley Champ, Gabby Juergens,
- **Nurses:** Kristie Pencil, RN, Paula Harris Copley, RN
- **Camp Photographer:** Seth Richardson
- **Archery & Air Rifle:** Clark Co. 4-H Shooting Sports Instructors

Girl Cabin Counselors & CIT's:

Megan Allender	Aubrey Anderson	Halle Barnhart	Layla Becraft
Madi Blair	Ava Bollinger	Katie Brentlinger	Claire Canterbury
Jenna Clark	Lex Cutlip	Lauren Flax	Izzy Florence
Mikaela Hale	Ayla Harris	Cara Hawley	Addalyn Henderson
Josie Henry	Lily Henry	Emelia Krouse	Kinsley Krouse
Tayana Lawson	Kate Marshall	Marliegh McCurry	Cami Miller
Ryleigh Miller	Paige Moore	Maddi Phillips	Ellie Price
Raelin Stamper	Jeana Stiles	Emily Waddle	Sarah Waddle
Carly Whited	Taytum Wolfe	Riley Yoder	

Boy Cabin Counselors & CIT's:

Tobias Assen	Jason Beacher	Finn Canterbury	Bentlee Clem
Ryan Corbitt	Sam Davlin	Collin Farrell	Evan Farrell
Tyler Glass	Brayden Harral	Mitchell Harral	Eoin Harris
Nathan Harris	Finn Huffman	Coleman Juergens	Parker Mathew
Carson Meyer	Carter North	Garrett Phillips	Wade Shope
Evan Spence	Kolton White	Zach Williams	Cole Wilson
Josiah Zimmerman	Elijah Zimmerman		

Camp Nurse Notes

Welcome campers and parents! We, Kristie Pencil and Paula Harris Copley will be your camp nurses this year. Both are registered nurses and former Clark County 4-H members. We went to camp as campers and Kristie was a 4-H Camp Counselor and summer college assistant with 4-H. To ensure everyone has the best week possible, we'd like to pass on some information to help you prepare for camp and keep everyone safe and happy.

Medications:

- **Prescription Medications:** **Please send any prescription medication your** child takes with them to camp. **All medications MUST BE in the original container with label.** We'll be in the Lodge during check-in to meet with you and go over your child's medication schedules. You do not need to bring over the counter medications unless there is a specific over the counter medication your child takes daily (for example Zyrtec for their allergies.)
- **Over the Counter Medications:** We keep a supply of over the counter medications that can be given if needed in the nurses cabin. **Please indicate on the Ohio 4-H Health Form which medications you consent to be given to your child if deemed necessary.**
- **Epi-Pens:** If your child has an anaphylaxis reaction to bee stings, food, etc. you need to send an EPI pen(s) to camp. These require a prescription, so we do not have a supply of them at camp.
- **Inhalers.** If your child needs to carry an inhaler with them, please send a note from the doctor that this is OK and make sure the child knows how to use it.

Clothing:

- Flip flops are great for the shower and in the cabin. They are not so great when the kids are running in the gravel up and down the hill to the lodge and on trails. **PLEASE** also send closed toed shoes that cover the toes and feet for hiking, playing sports, etc. Our campers will be much happier without cuts and scrapes.
- Please send a sweatshirt or jacket to camp. While the days may be hot, it often cools down at night. The campers are at campfire late into the evening when it gets cool.

Homesickness: Here are some tips to help prepare your child for staying at camp.

- Have your child stay somewhere other than home before camp even if it is at their grandparents.
- Have them bring something familiar from home to sleep with - a stuffed animal, blanket, etc.
- Give them paper and a stamped envelope to write a letter to you or a family member.
- Have them bring a photo of their family, pets, etc. to bring with them.
- Provide a calendar so they can mark off the dates and know when you will be coming to pick them up.
- Let your child know at the beginning of camp when you will be back. Do not make pre-arrangements with them that you will pick them up if they do not like it.
- History has proven that distractions and some special treats in the nurse's cabin help.
- Campers can receive mail so feel free to send a letter, postcard, or care package from home.
- We discourage allowing kids to call home, because in our experience this only makes the homesick feeling worse. If it is a severe case we will call you to discuss it.

The kids who have experienced homesickness have went on to have a great time at camp and when asked on the last day if they would come back have said yes!

Special Needs: Please call and talk to **Patty House, 4-H Educator at 937-398-7599** or e-mail at **house.18@osu.edu** if your child has special needs such as a chronic medical condition, a special diet, disability, etc. We want every camper to have a great experience and knowing in advance enables us to best prepare to meet all campers needs. Patty can arrange for you to talk to the camp nurse(s) prior to camp.

What To Pack For Camp?

Clothes for All Kinds of Weather: Enough for 5 days!

- ☑ socks ☑ rain gear ☑ jacket ☑ swim suits
- ☑ shorts ☑ t-shirts/tanks ☑ sweatshirts ☑ sweatpants
- ☑ jeans ☑ underwear ☑ sleepwear ☑ hat/visor
- ☑ **flip flops** (for pool and shower areas)
- ☑ **tennis shoes/hard sole shoes** - **MUST** for sports, hiking, fishing, gaga ball, etc.
- ☑ **old clothes - needed for messy activities, wacky Olympics, Zany Fair Fun, fishing and creeking, canoeing, etc.**

Day Campers:
Please pack a small bag with one or two changes of clothes, old clothes, sweatshirt, swimsuits, pool towels, extra pair of shoes, flip flops, hat, sunglasses, water bottle, sunscreen, insect repellent. You will be able to leave this bag in the cabin you are assigned with.

Shower/Bathroom Kit - Container to carry to & from

- ☑ soap & container ☑ brush/comb ☑ toothbrush & toothpaste
- ☑ lip balm ☑ toiletry items ☑ shampoo

Bedding & Bath - twin size bunk beds

- ☑ sleeping bag ☑ sheets ☑ blankets ☑ pool towels
- ☑ pillows ☑ bath towels ☑ washcloths ☑ laundry bag

Equipment & Gear - Please bring a sports/lawn chair needed for some activities

- ☑ sports/lawn chair ☑ flashlight ☑ alarm clock ☑ sunscreen
- ☑ ball glove ☑ fishing pole ☑ water bottle ☑ other personal items
- ☑ pen/paper ☑ insect repellent ❒ **Day Campers Only: reclining lawn chair for flat on bunk**

Medication: *All medicines (prescription, over the counter) must be turned in to the camp nurse.*

- ☑ **Prescription** - must be in original bottles with current prescription label.
- ☑ **Over the Counter** - Only send product in original container not part of the supplied over the counter medications listed on the health form.

Money: Just what you think you will spend - NO MORE THAN $20.

- Canteen Snacks - $0.50 to $3.00 per item *(fruit drink, pop, ice cream, candy, chips, etc.)*.
- **New This Year: Flavored Shaved Ice Cup - $3.00** - June 21 with SSM Concessions
- Pizza Party - $5.00
- Laser Tag or Sky Zone Snack Money - $5.00

REQUIRED Forms:

Everyone:

☑ **Ohio 4-H Health Form**

☑ **Standards of Behavior**

If Applicable for your camper:

☑ **Early Release** *(if leaving camp before dismissal)*

☑ **Restricted Release** *(if someone other than parent is picking up)*

☑ **Immunization Exemption**

What Not To Pack for Camp?

- **Cameras or Other Image Taking Devices** (**NO** cameras disposable, film or digital, or electronic devices that can take photos permitted at camp with campers, counselors or CIT's.
- **Cell Phones and electronic devices with data plans** (**NO** cell phones permitted, if a camper, counselor or CIT needs to call a parent, a phone will be available for their use.)
- **Valuables** (boom boxes, CD players, electronic games, jewelry, brand new clothes/shoes, etc.)
- **Lots of Snacks** Only pre-packaged food in sealed hard-plastic containers.

What Do All The 4-H Camp Forms Mean?

☑ Ohio 4-H Health Statement Form: (Ivory Form)

In order for your child to stay at camp, be given any medications (prescription or over the counter) or receive any type of treatment for illness or injury, you must **ACCURATELY COMPLETE, SIGN, and TURN IN** at Camp Check-In the Ohio 4-H Health Statement Form. You will be able to discuss any special medication conditions or needs with our camp nurse(s), at check-in. You are required to attach a photo to this form. Please use a school photo or a recent photo! **This form also includes an Emergency Medical and Informed Consent/Camp Program Release and a Photo and Video Release.**

- **PRESCRIBED MEDICATIONS:** List all medications your child must take while at camp. List dosage and time medication is to be given.
- **OVER-THE-COUNTER MEDICATIONS:** List any special over the counter medications you are sending to camp for your child to take. Check any over-the-counter medications your child is allowed to be given by the nurse if needed to treat illness. If you don't check them or list them, they **CAN NOT BE GIVEN!**
- **ALLERGIES OR SPECIAL NEEDS:** Provide written detail about any allergies or special needs, so we can best address these at camp. Please attach additional pages to your camper's health form if needed.
- **CAMPERS WITH ASTHMA INHALER OR EPINEPHRINE PEN:** Campers must have written consent from a doctor for the camper to carry either of these with them, otherwise it will have to be kept with the Camp Nurse. Please attach doctor's written permission to your camper's health form.

☑ Ohio 4-H Immunization Exemption Form (Purple Form)

- Only Complete if your camper has not received the vaccinations listed.

☑ 4-H Camp Informed Consent & Permission to Participate Form (Green Form)

This form is specific for the activities conducted at 4-H Camp Clifton and that you and your child have chosen for him or her to participate in while at camp.

- **READ, SIGN and TURN-IN at Camp Check-In** to stay and actively participate in 4-H Camp.
- Check all special activities your camper is participating in at 4-H Camp.

☑ Early Release Form: (Blue Form)

- Complete if your camper is leaving camp early for a pre-arranged situation.
- If a family emergency arises, call 937-767-7552 (camp office) or 937-398-7599 (Patty's phone) to arrange for an early release.
- Campers must sign in and out in the Nurse's Cabin when leaving camp early and returning to camp.

☑ Restricted Release Form: (Pink Form)

- Complete, if someone other than you, his/her parent/legal guardian, is picking up your camper.
- List the person(s) authorized to pick up your camper.
- We will require proof of identification, before we release the child to them. Ask them to bring a photo I.D. (driver's license) to show at sign-out. **All Restricted Release Campers will be signed out this year at the Nurse's Cabin!**

☑ SkyZone Online Waiver - Please Complete by June 18th

If you and your child have chosen for him or her to participate in Sky Zone on Mon., June 22, you must go to the following website **http://www.skyzone.com/dayton** prior to camp check-in on June 19 to complete the waiver.

- Click on **"On-Line Waiver"** Section in top right hand corner of webpage.
- Click on **"Electronic Waiver for Skyzone Dayton, Ohio"**
- Click on **"Myself and Children"** (if filling out for children under the age of 18) **"Myself"** (if you are over the age of 18 filling out the waiver for yourself only).

CFAES

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 forthe 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:

Last Name_____First_____

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			

Last Name_____First_____

Liability Release for Camp/Program

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR):_____

ADDRESS: _____

ACTIVITY NAME: **2026 Clark County 4-H Camp**

SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H Clark County

LOCATION: 4-H Camp Clifton, 2256 Clifton Road, Yellow Springs, OH 45387

DATE(S): START DATE: June 19, 2026 END DATE: June 23, 2026

DESCRIPTION: Participants in the **2 0 2 6 Clark County 4-H Camp** 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 thesafety 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, creeking, swimming, canoeing, kayaking, corcl, paddleboarding, water games, dunk tank), 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 NEGLIGENTOR 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: _____

Last Name_____First_____

Photo, Video Release, and Authorization

My child,_____plans to participate in ***2026 Clark Co. 4-H Camp*** programming through Ohio 4-H, taking place ***June 19-23, 2026***. 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 **2026 Clark Co. 4-H Camp** 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

Ohio State University Extension is part of The Ohio State University College of Food, Agricultural, and Environmental Sciences.

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Bloir, K., Epley, H.K. Updated 10/2024

INFORMED CONSENT & PERMISSION TO PARTICIPATE for Camp Counselors/CIT in 2026 4-H Camp

I give permission for my child/charge, _____, to participate in the
(Child/Charge's Name)

2026 Clark Co. 4-H Camp, June 19-23, 2026, at 4-H Camp Clifton 2256 Clifton Road, Yellow Springs, OH 45387.

Activities involved in camp will include living in a cabin; sharing gender specific bathroom facilities with other campers; sleeping in bunk beds; special activities including dunk tank, canoeing, rock climbing, trip to Young's, hike to Clifton, laser tag at Laser Web Dayton, SkyZone Dayton, shooting sports and/or archery; swimming; nature hikes; playing field and court sports such as volleyball, basketball, soccer, softball, disc golf, gaga ball, 9 square in the air (volley square), relay races, slip-n-slide, fishing and other recreational games; team challenge course, campfire activities; workshop activities including arts & crafts, cooking, science and engineering, nature and others (see camp registration for complete listing of workshops), and dances. Campers will be traveling by camp bus or other arranged transportation to selected off campsite special activities (Young's Trip, canoeing, Laser Tag, Sky Zone, etc.) Attending the camp may lead to contact with individuals who are experienced and inexperienced in the above-mentioned activities. I also understand that participation in this activity is strictly voluntary and is not a requirement for 4-H membership.

I am aware and have discussed with my child/charge that:

1. Participants are expected to fully participate in 4-H Camp general and self-selected optional activities and follow the instructions of camp staff, counselors, and volunteers unless activity participating in is limited on the camper's health history form by parents/legal guardians.
2. Being in and around water, woods and participation in camp activities may cause clothing to become wet, dirty any beyond cleaning and/or repair.
3. While in a canoe, my child may be involved in a collision with another canoe, person, or object in water.
4. Hiking on the campgrounds, in the Little Miami River Gorge and/or in John Bryan State Park may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs.
5. Participation in sporting/recreational events/team challenge course/laser tag/SkyZone may give rise to injury because of collision with another individual or equipment used for the activity and/or sudden falls.
6. Handling and discharging firearms or archery equipment may lead to injury or loss to participants.
7. Participation in rock climbing may give rise to injury because of sudden falls, and/or improper use of safety equipment.
8. Attending camp, sleeping in cabins, and/or hiking in the woods may give rise to being bitten by insects, exposure to poisonous plants, encounters with wildlife and/or exposure to the natural elements.
9. Swimming and dunk tank participation may lead to injury caused by slippery surfaces, contact with other swimmers, objects in the water, and/or drowning.
10. Riding in a motor vehicle (including buses, cans, or cars) may result in personal injuries or death from wrecks, collisions, or acts by other drivers or objects.
11. Other Participants may act in a negligent manner which otherwise may result in harm to my child.

I have discussed with my child/charge the importance of following directions and safety procedures, which will be outlined by camp staff, counselors, and other instructors/volunteers prior to the activities. I have also advised my child/charge of the appropriate clothing to wear at the camp upon recommendations in the Camp Packet. I grant permission for my child/charge to be transported in a motor vehicle to participate in those activities marked with an (*) if I request that my child/charge participate by marking the appropriate box.
My child will be participating in the following special activities: *(check all that apply)*

❑ Fishing	❑ Rock Climbing	❑ * Hike to Clifton
❑ * Young's Trip	❑ * Laser Tag *(Laser Web)*	❑ * Canoeing *(River's Edge)*
❑ * Sky Zone	❑ Shooting Sports/Archery/Air Rifle	❑ Dunk Tank

I grant permission for my child/charge to participate in 4-H camp activities despite the possible risks. I recognize that by participating in this program, as with any physical activity, my child/charge may risk personal injury. I hereby attest & verify that I have been advised of the potential risks, that I have full knowledge of the risk involved in this camping experience & that I assume any expense that may be incurred in that event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Camper)

THE OHIO STATE UNIVERSITY EXTENSION

Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of _____, state that my child would like to participate in the Clark County 4-H Camp, June 19-23, 2026 (4-H Camp Clifton) and has not received the following immunizations:

( ) Diphtheria / Tetanus / Pertussis
( ) Polio
( ) Measles/Mumps/Rubella
( ) Hepatitis B
( ) Haemophilus Influenza Type B
( ) Varicella (Chicken Pox)

My child has not received the immunizations above because: _____

_____

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of OSU Extension.

Parent/Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____

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Updated 2/25/15

Clark County 4-H Camp
Early Release

(Approve by Administrative Cabinet 10/95)

4-H Early Release Form

I,_____, hereby authorize only the person(s) listed
(Parent/Legal Guardian)

below to Pick up _____ during
Child/Children Name(s)

Clark County 4-H Camp. We expect to pick up this child/children at _____ on
Time

_____ at _____ on _____,
Date *Time* *Date*

or not return.

**Name(s) or person(s) authorized to pick up my child:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

If my pick-up plans change, I understand that I must call 4-H Camp Clifton at 937-767-7552 to make different arrangements or 937-398-7599, Patty House, 4-H Educator.

_____ _____
(Signature of Parent/Guardian) *(Date)*

** The person(s) listed above who pick up your child must be identified by your child to a camp director before your child will be released in their care. They must also have to sign here indicating that your child left with them

Signature of Person Picking up Child:_____

Relationship to Camper:_____

Please Turn This Form In At Camp Registration & Check-In!

clark.osu.edu

THE OHIO STATE UNIVERSITY EXTENSION

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Clark County 4-H Camp
Restricted Release (Optional)

If you need to restrict who picks up your child, you must do so in writing and bring this form to registration. We understand that there are situations where parents have a need to restrict who will pick up their child at the end of a program. This form is not necessary for most campers. Your son or daughter will not be released to anyone other than you unless you complete and submit this form.

Note: Campers with restricted release situations will meet person(s) picking them up.

4-H Restricted Release Form

I,_____, hereby authorize only the person(s) listed below to
(Parent/Legal Guardian)

pick up _____ _____ during
(Child/Children Name(s)
Clark County 4-H Camp.

**Name(s) or person(s) authorized to pick up my child:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

If my pickup plans change, I understand that I must call 4-H Camp Clifton at 937-767-7552 or 937-398-7599, Patty House, 4-H Educator to make different arrangements.

_____
(Signature of Parent/Guardian) *(Date)*

** The person(s) listed above who picks up your child must be identified with a photo I.D. (driver's license) by your child to a camp director/volunteer before your child will be released in their care. They must also have to sign here indicating that your child left with them

Signature of Person Picking up Child:_____

Relationship to Camper:_____

Please Turn This Form In At Camp Registration & Check-In!

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