

I (parent name) \_\_\_\_\_  
am the parent or legal guardian of (child's name) \_\_\_\_\_  
and I give my permission for the child to participate in the **PACIFIC NATIONAL EXHIBITION 4-H** program  
as a member of (club/district name) \_\_\_\_\_

**IN CONSIDERATION OF THE UNDERSIGNED** being permitted to participate in any of the events carried on, sanctioned and/or sponsored by the **PACIFIC NATIONAL EXHIBITION (the PNE)** or situated upon the grounds or utilizing any facilities of the PNE, if for myself and/or on behalf of any child or ward of mine under the age of majority, **I DO HEREBY RELEASE** their officers, directors, employees, agents, officials, servants, organizers and representatives **FROM AND AGAINST ALL CLAIMS, ACTIONS, COSTS, EXPENSES AND DEMANDS WHATSOEVER** concerning death, injury, loss or damage to me or any child, in respect of which I am a guardian or ward of under the age of majority, by virtue of my or the child's participation in said events, however caused and, regardless of whether same may have been contributed to or occasioned by the negligence of the said bodies, or any of them, their agents, organizers, officials, directors, employees, servants or representatives and each of the last mentioned parties shall be deemed to be a party to this agreement as if the **PACIFIC NATIONAL EXHIBITION** were acting as each party's agent or trustee.

### PNE PHOTO RELEASE

The Pacific National Exhibition (PNE), owners of Playland Amusement Park, publishes printed material, prepares power point presentations, updates its website ([www.pne.ca](http://www.pne.ca)) and engages in general marketing and public relations purposes that may use photographs of people attending events, attractions or functions on its site.

The photographs taken on its Hastings Park site (including Playland Amusement Park) may appear in local newspapers, on our website, [www.pne.ca](http://www.pne.ca), or in other publications. We would like your permission to use any photos taken.

**IT IS UNDERSTOOD AND AGREED THAT THIS AGREEMENT IS TO BE BINDING ON MYSELF, my heirs, executors and assigns and that I HAVE READ AND FULLY COMPREHEND THIS AGREEMENT.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### IMPORTANT FOR MEMBERS:

By signing below you agree to the following:

I understand that the PNE upholds 4-H BC SADD rules as outlined in the PNE prizebook (found under General Rules, subsection "Conduct"). I have read and understand how they apply to the PNE Fair and that violation of these rules could result in disqualification and elimination from all shows and events at the PNE. Violation of rules could also result in me being asked to leave the PNE 4-H Festival. 4-H competitors involved in serious misconduct will be subject to discipline review by the PNE 4-H Committee and PNE Management.

I understand that the PNE RV curfew is 11:00pm every night (with the exception of Sunday night) and will be strictly enforced. By arriving late to the enclosed RV Parking area, I will put myself at risk of being immediately sent home from the PNE Fair.

\_\_\_\_\_  
Signature of 4-H Member

\_\_\_\_\_  
Date

*See reverse for required medical information.*

I agree that the participation of (member's name) \_\_\_\_\_ is entirely at their own risk.

This program is of a strenuous nature both physically and mentally and it is in the interest of the member's well being that the following information is being requested.

Name of member: \_\_\_\_\_  
(surname) (first name) (middle)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
day/month/year

Parent name: \_\_\_\_\_ Parent email: \_\_\_\_\_

In emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address during program: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Member's Health Care Number: \_\_\_\_\_

### MEDICAL HISTORY

**A.** Is there a history of any of the following:

- asthma    fainting spells    convulsions    heart problems    diabetes    epilepsy    lung problems  
 other conditions (please explain):

**B.** Does member have any allergies?    Yes    No

Name all allergies (e.g. medications, foods, plants, animals, environmental, etc.):

**C.** Does member take any medications?    Yes    No

NAME OF MEDICATION:	REASON:	DOSAGE:	TIMES TAKEN:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D.** Is member on a special diet?    Yes    No   If yes, what kind?: \_\_\_\_\_

**Please initial below:**

\_\_\_\_\_ I have filled out a complete medical release form online with my 2024 4-H registration.

**PLEASE NOTE:** This form must be printed and signed by both member and parent. It may then be scanned and emailed to the PNE Entry Office. Members will not be entered in any PNE programs without a completed release form on file.