

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) 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, 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 2025 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.