



Extension
HENDRICKS COUNTY

Hendricks County 4-H Approved Grooming Assistance Program

This program is only available for Indiana residents and must be submitted to the Hendricks County Extension Office by **June 15th** annually.

Name: _____ Former Names: _____

County of Residence: _____ Date of Birth: _____ Gender: _____

Email: _____ Cell Phone: _____

Mailing Address: _____

It is the intent that the 4-H member take responsibility for caring for and grooming his/her own animal(s). However, it is recognized that all youth need assistance. The purpose of this program is to provide an avenue for equal access to qualified animal grooming assistance. Those enrolled in this program should not see this as a way to do the work for the 4-H member, but should provide hands-on learning opportunities that further the skills and abilities of the 4-H member. Please note, this is for Hendricks County only. If you would like to apply for the Indiana State 4-H Approved Grooming Assistance Program, that must be submitted through the Indiana State 4-H Office with the state application.

By initialing each of the items below, I certify that:

___ I accept my responsibility to be a positive role model for youth by conducting myself in a courteous and respectful manner, exhibiting good sportsmanship, and striving to make educating youth the priority.

___ I understand that I am not covered by the Purdue University Liability Insurance or the Indiana 4-H Activity Accident Insurance, and I understand that approval of this application does NOT provide me with approved status as an official Purdue University 4-H Volunteer.

___ I have read, understand and agree to follow all Hendricks County 4-H, Indiana 4-H, and Indiana State Fair 4-H Animal Identification, Ownership, and Exhibition Policies and that I will be truthful and forthright with the youth that I am assisting.

___ I will treat animals in a humane manner, will teach responsible animal care to the youth that I am assisting, and will maintain a high standard of ethical exhibition of animals.

___ I understand that failure to comply with these expectations may result in removal from the Hendricks County 4-H and Indiana 4-H Approved Animal Grooming Assistance Program.

___ I understand that grooming assistance includes day of show activities (clipping, combing, washing, drying, animal movement) and does not include feeding, housing, exhibiting, and other animal management activities.

___ I authorize Purdue Extension to conduct a search of the current national and state sex and violent offender registries and release any information found on the registries to Purdue Extension.

Submit this completed form along with a copy of your current, valid Indiana Driver's License to **Kati Sweet**, 4-H Youth Development Extension Educator, by **June 15th** via:

Email: hendrces@purdue.edu

Mail: Hendricks County 4-H
PO Box 7
Danville, IN 46122

Drop Off: Hendricks County 4-H
1900 E. Main St.
Danville, IN 46122

Personal Liability Waiver:

I understand that participating in 4-H activities can involve certain risks to me and I accept those risks. I hereby release and discharge Purdue University, the Trustees of Purdue University, Hendricks County Commissioners, Hendricks County office of Purdue Extension and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims in which I might have for an injury or harm to me, including death, arising out of my participation in any activity related to the 4-H Program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.

Signature: _____

Date: _____