I have been given the opportunity to review these expectations and the opportunity to ask questions, and any questions have been answered to my satisfaction. By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document. I understand that my failure to comply with these expectations may result in disciplinary action or termination as a faculty member, educator, staff, or volunteer of the Indiana 4-H Youth Development Program.

Personal Liability Waiver	
Lunderstand that participating in 4-H activities can involve	e certain risks to me and I accept those risks. I hereby
release and discharge Purdue University, The Trustees of Purdue University, the Johnson County	
Commissioners the Johnson County Cooperati	ive Extension Service, and each of their trustees,
officers appointees agents employees and volunteers ("I	Released Parties") from all claims which I might have
for any injury or harm to me including death, arising out of	of my participation in any activity related to the 4-H
program even if such injury or harm is caused by the negl	ligence or fault of any of the Released Parties. I do not,
however, release these individuals and entities from liabili	ty for intentional, willful, or wanton acts and this
release shall not be construed to include such acts.	
By checking this box and signing this form, I accept t	the terms and conditions of the Adult Behavioral
Expectations and Personal Liability Waiver.	
By checking this box and signing this form, I am cert	ifying that I am in compliance with all requirements
established by the Purdue University 'Use of Vehicle:	s for University Business' policy.
established by the Fundie University Osc of Venices	3 for Chiveletty Business persoy.
Dry sheeking this how and signing this form I authorize	ze the Purdue University Cooperative Extension Service
to conduct a search of the current national and state se	ex and violent offender registries and release any
information found on the registries to the Purdue Univ	versity Cooperative Extension Service.
information found on the region test to the 2 mans and	1
	Charles Co. (Co.) (Co.) (Co.)
Print Name	Date
	9
Signature	Date
	7
Educator Signature	Date
	d: 1 1 1 1 (-1 allmas amail ata)
Please provide any updated contact information is	n this box below: (phone, address, email, etc.)
A copy of the Adult Behavioral Expectations for each facul	Ity, equeator, staff, and volunteer in 4-H Youth

A copy of the Adult Behavioral Expectations for each faculty, equation, staff, and volunteer in 4-H Youth Extension programs will be signed and filed annually in the respective Extension/Departmental Office.

These Behavioral Expectations and related policies have been developed by faculty, educators, staff, and volunteers to strengthen the work of those who believe in the 4-H Youth Development Program.

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability or status as a veteran. Purdue University is an Affirmative Action institution.

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