

**\*\*\* YOUTH PLEASE COMPLETE \*\*\***

**WAIVER AND INDEMNIFICATION AGREEMENT AND  
MEDICAL TREATMENT AUTHORIZATION**

I, \_\_\_\_\_, understand that Texas 4-H Conference Center, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by Texas 4-H Conference Center, some bodily injuries may occur. Specific risks/hazards involved in Texas 4-H Conference Center include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in Texas 4-H Conference Center, which is sponsored by Texas AgriLife Extension Service, a component member of The Texas A&M System, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, Texas 4-H Conference Center, Texas AgriLife Extension Service, The Texas A&M System and its Board of Regents, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from any and all liabilities, claims, demands, or injury, including death, that may be sustained by me while participating in such activity, or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from Texas 4-H Conference Center activities, ***including injuries sustained as a result of the negligence of RELEASEES.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. I am fully aware that there are inherent risks involved with Texas 4-H Conference Center and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity ***including injuries sustained as a result of the negligence of RELEASEES.*** I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity ***including injuries sustained as a result of the negligence of RELEASEES.*** I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

3. I understand that RELEASEES may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Waiver shall bind the members of my family (and spouse) if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of Texas.

5. I understand RELEASEES cannot be expected to control all of the risks articulated in this form but RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

6. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. ***If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated below.*** I consent to the information on this form being shared with the staff of the Texas 4-H Conference Center.

**CENTER PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **UIN OR SS#** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **DRIVERS LICENSE #** \_\_\_\_\_ **STATE OF ISSUE** \_\_\_\_\_

**LOCAL ADDRESS** \_\_\_\_\_ **LOCAL PHONE** \_\_\_\_\_

**PERMANENT ADDRESS** \_\_\_\_\_ **PERMANENT PHONE** \_\_\_\_\_

**I am the parent or legal guardian of the Texas 4-H Conference Center participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Waiver.**

**PARENT OR LEGAL GUARDIAN SIGNATURE** (if participant is younger than 18)

\_\_\_\_\_

**PRINT PARENT OR LEGAL GUARDIAN NAME**

\_\_\_\_\_

State law may require you to be informed of the following:

(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

# Texas 4-H and Youth Development Consequences of Misbehavior

Required by American Camping Association for Program Accreditation

## **VIOLATORS MAY EXPECT:**

To have the opportunity to explain actions to the professional Extension staff in charge.

Behavior that is disruptive to the event will be documented and a letter describing such will be sent to the District 4-H Leadership Team, County Extension Agent(s) and parents/guardians of those involved. Examples of offenses are as listed below, but not limited to:

### **Minor Offenses**

1. *Habitually late to program activities*
2. *Not in room at designated time*
3. *Not possessing good manners and using language that is offensive to others*
4. *Not respecting the rights and privacy of those rooming with or attending an activity.*
5. *Lying or untruthfulness to chaperones, leaders, event organizers or others in attendance.*

### **Intermediate Offenses**

1. *Inappropriate visitation*
2. *Leaving a 4-H activity without the permission of staff member(s) in charge*
3. *Intentional damage to meeting site, sleeping quarters, person, or other person's property*

### **Major Offenses**

1. *Smoking or using tobacco products.*
2. *The use of alcohol or drugs.*
3. *Carrying an unauthorized weapon.*
4. *Threatening another person with a weapon or bodily harm.*
5. *Cheating*
6. *Sexual activities*
7. *Theft of any kind*

## **Consequences**

- For every offense 4-H member will receive a verbal reprimand.
- For every offense the violator shall write letters of apology to the appropriate people.

## **Major Offenses**

- Automatic removal from event/activity and/or sending a participant home at the parents/guardians expense.
- Two major offenses during any 4-H year is automatic suspension of membership in all Texas 4-H and Youth Development programs for the remainder of the 4-H year, along with the possibilities of facing criminal charges, pending offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or give up monetary awards or scholarships from the Texas 4-H program.

## **Intermediate Offenses**

- One or two violations is grounds for removal from the event/activity and/or sending a participant home at the parents/guardians expense.
- Three violations during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

## **Minor Offenses**

- Consistent discipline problems requiring more than two reprimands is grounds for sending a 4-H member home at the parents/guardians expense.
- Habitual discipline problems requiring more than four reprimands during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year. In addition 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

## **Course Of Action**

Event managers responsible for 4-H events and activities are encouraged to communicate to 4-H participants and adult chaperones prior to the event a standard of acceptable behavior, via the Commitment to Excellence. Standards of behavior and consequences should be reviewed with participants as part of the initial orientation.

1. Event Manager obtains all the relevant facts.
2. Brief the on-site adult responsible for the youth delegate (Extension faculty member or 4-H volunteer)
3. If not on-site, but available via phone, brief the county Extension faculty member and District Extension Director responsible.
4. Review consequences of misbehavior. The following steps should be taken when sending a 4-H member home:
  - \*Extension faculty member contacts parents.
  - \*Parents advised that child is being sent home by safest, most direct means, and that parents are responsible for cost.
  - \*Event manager decides if parents should be given the option of picking up the child.
  - \*County Extension faculty member collects money from parent to pay transportation charges.
  - \*Follow-up correspondence from event's manager to appropriate county Extension faculty member, District 4-H Leadership Team, child and parent for documentation.
5. For all reprimands a Summary Letter and Accident/Incident Report Form will be completed and mailed to the 4-H member, parent, County Extension Agents, District Extension Director, County Extension Directors (if applicable), District 4-H Specialist and the Assistant Directors for 4-H and Youth and County Programs. Additionally, notification will be made to District 4-H Leadership Team prior to letter and form being mailed.

I have read the Texas 4-H Commitment to Excellence and understand what violators may expect. I agree with the Code of Conduct and do intend to abide by it throughout my 4-H activities. I have reviewed and understand the Consequences of Misbehavior.

\_\_\_\_\_  
4-H Member's Signature

\_\_\_\_\_  
County

\_\_\_\_\_  
District

\_\_\_\_\_  
Date

As the parent or guardian of \_\_\_\_\_, I have read the commitment and do support all points. I give permission to the professional Extension faculty in charge to carry out the Code of Conduct as described including inspection of rooms.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**Texas 4-H Conference Center  
CONSENT TO PARTICIPATE**

Required by American Camping Association for Program Accreditation

I, or we, parent(s) or guardian(s) of a minor child named \_\_\_\_\_ do hereby give consent for said minor child **to participate in all activities other than swimming, kayaking, sailing, canoeing or Challenge Course activities** scheduled as part of the Texas 4-H Conference Center program to be conducted at the Texas 4-H Conference Center, 5600 FM 3021 Brownwood, Texas 76801: Phone (325) 784-5482. Activities include riflery, archery, initiative games, crafts, and environmental education. Children will be attending parties, ceremonials, and other activities during their stay.

**PLEASE CHECK AND INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:**

**Swimming, kayaking, canoeing and/or sailing activities:** I/we do further give consent for said minor child to participate in organized **swimming, kayaking, canoeing and/or sailing activities** conducted at the Texas 4-H Conference Center. I/we understand that said minor child shall be required to take an approved swimming skill level test and will be assigned to that portion of the swimming area which is commensurate with his or her demonstrated swimming ability. An approved swimming skill level test will also be required before said minor child can participate in the canoeing, kayaking and/or sailing program. Participants will be required to wear Personal Floatation Devices at all times during participation in canoeing, kayaking and/or sailing activities.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Challenge Course activities:** I/we do further give consent for said minor child to participate in **organized activities on the Texas 4-H Conference Center Challenge Course**. I/we understand that said minor child will be supervised and instructed in these events by an individual who has been certified and trained to facilitate this level of programming. All participants are provided instruction on the wearing and use of safety equipment prior to participation.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Media Release:** In the event that photographs, slides, or video tapes are made of said minor child, I/we consent to the **release of those photographs, slides and video tapes** for use in promoting programs at the Texas 4-H Conference Center.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Field Trips:** I/we do further give consent for said minor to **participate in scheduled field trips** during this program. I/we understand that only approved adult volunteers and/or staff will transport said minor off the Texas 4-H Conference Center grounds and will serve as a chaperone for the field trip.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Further, I/We do hereby authorize the Texas 4-H Center to release said minor child to the following person/people at the conclusion of the activity (list all persons, including parents):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Further, I/We require that said child not be Released to the following person/people at the conclusion of the activity:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Date  
Texas 4-H Conference Center

**HEALTH STATEMENT**

Check one:  Youth  Adult **County** \_\_\_\_\_  
Event: \_\_\_\_\_ Event date(s): \_\_\_\_\_ through \_\_\_\_\_

The proposed activity provided by the Texas 4-H Conference Center, requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

**Section I. Participant Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Gender \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_ Age \_\_\_\_\_  
Home Ph. \_\_\_\_\_ S.S.# \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Date of Last physical exam \_\_\_\_\_  
Physician's Phone \_\_\_\_\_

**Section II. Emergency Contact Information**

Name \_\_\_\_\_ Home Ph. \_\_\_\_\_  
Address \_\_\_\_\_ Work Ph. \_\_\_\_\_  
City, St, Zip \_\_\_\_\_ Cell Ph. \_\_\_\_\_

**Section III. Health History** (Circle the appropriate answer and explain any **YES** responses.)

Have you had or do you currently have any heart problems (dates): \_\_\_\_\_ YES NO  
Do you frequently suffer from pains in your chest: \_\_\_\_\_ YES NO  
**(NOTE: If you have any heart related problems you will need to have a release from a physician.)**  
Do you often feel faint or have spells of severe dizziness: \_\_\_\_\_ YES NO  
Has a doctor ever told you that you have high blood pressure: \_\_\_\_\_ YES NO  
Are you a smoker: \_\_\_\_\_ YES NO  
Do you have arthritis, joint, or back problems that can be aggravated by exercises: \_\_\_\_\_ YES NO  
Have you had any operations or serious injuries (dates): \_\_\_\_\_ YES NO  
Do you have any chronic recurring illness or communicable diseases: \_\_\_\_\_ YES NO  
Are there any activities to be limited/discouraged by a physician's advice: \_\_\_\_\_ YES NO  
Are you allergic to any medicines, insects, or pollens: \_\_\_\_\_ YES NO  
Do you have Epilepsy: \_\_\_\_\_ YES NO  
Do you have Diabetes: \_\_\_\_\_ YES NO  
Do you have any prescribed meal plan or dietary restrictions: \_\_\_\_\_ YES NO

**Section IV: Medications**

Are there prescribed medications currently being taken (please describe) \_\_\_\_\_ YES NO  
\_\_\_\_\_

Please check "over the counter" medications which camp personnel may administer as necessary:

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Motrin) \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Imodium  
\_\_\_\_\_ Neosporin \_\_\_\_\_ Calamine/Caladryl \_\_\_\_\_ Benadryl \_\_\_\_\_ Any as needed

**Section V. Insurance Information**

Do you carry family medical/hospital insurance? YES NO

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any other health related information for Center personnel to be aware of: \_\_\_\_\_

**REPRESENTATION**

**This health history is correct so far as I know, and I believe that my health is satisfactory to participate in Texas 4-H Conference Center activities. I also understand and agree to abide by any restrictions placed on my activities.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

(Or guardian if participant is under the age of eighteen)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_