

RELEASE, WAIVER, AND AUTHORIZATION FOR MEDICAL TREATMENT

I, _____ (participant's parent/legal guardian if participant is under 18 years old) authorize my child's _____, (child's Name) full participation in the Brazos County 4-H _____, (event name)

including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes **Texas 4-H Youth Development Foundation, Texas AgriLife Extension Service, Texas A&M University, The Texas A&M University System and its Board of Regents, and their officers, employees, agents, and volunteers (Releasees)** from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, **including injuries sustained as a result of the negligence of Releasees**. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Participant's Name: _____

Participant's Signature _____ **Date:** _____
(18 or older)

Parent/Legal Guardian Signature _____ **Date:** _____
(Younger than 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant's Signature: _____ **Date** _____

If the participant has medical insurance, please indicate the:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

State law requires you 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.

HEALTH STATEMENT

Check one: _____ Youth _____ Adult County Brazos
Event: _____ Event date(s) _____

The proposed activity provided by Texas AgriLife Extension of Brazos county 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 _____
Work Ph. _____ S.S. # _____
Home Ph. _____ Name of Physician _____
Physician's Phone _____ Date of Last physical exam _____

Section II. Emergency Contact Information

Name _____ Home Ph. _____
Address _____ Work Ph. _____
City, St, Zip _____

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 explain) _____ 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 the Brazos County 4-H _____, (event name) 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: _____

Texas 4-H and Youth Development
 2015 – 2016 Code of Conduct

During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous, clean, and possess good manners.
3. Language must be controlled and appropriate for a 4-H member - no swearing.
4. Except for planned tours and outings, I will not leave the activity facilities any time without permission of the chaperone and/or staff responsible for the event.
5. I will not smoke or use tobacco products at any 4-H program event.
6. I will not use alcohol, drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not carry or threaten another person with a weapon, bodily force or language.
8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness of room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. Any participant at an official 4-H activity who observes a breach of code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

Date

Member Signature

Date

Parent/Guardian Signature

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

Texas 4-H and Youth Development Consequences of Misbehavior

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 9 4-H Leadership Team, County Extension Agent(s) and parents/guardians of those involved.

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 property 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*
3. *Intentional damage to meeting site, sleeping*

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*
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 parent's/guardian's expense.

* One Major offense during any 4-H year may lead to 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.

* Acting in a manner considered b 4-H leadership to be harmful or potentially harmful to the health or well-being of themselves or others, whether such act occurred within, or outside or the 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 parent's/guardian's 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 ma 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 is grounds for disallowing the 4-H member any district or state activities for one year from date of offense. 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 events 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 Agent, 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 Signature

Brazos

County

9

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

Name of Event: _____

Program Name**CAMP & ENRICHMENT PROGRAM****WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM**

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of (event name) _____ (herein referred to as "camp"), which is sponsored by Brazos county of Texas A&M AgriLife Extension, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate/allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement 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. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and 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, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility.

I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 2016 .

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian SignatureX
(If Participant is under 18 years old)

Parent or Legal Guardian Printed NameX
(If Participant is under 18 years old)



In case of emergency, contact _____
at the following number _____

If the participant has medical insurance, please indicate:
Insurance Company: _____
Policy Number: _____
Name of Primary Policy Holder: _____
Please list any special services your child may require:
