

2018 Earth-Kind® Kids' Kamp, August 6-10, 2018

**Enrollment, Participant Agreement and
Parental Consent Form**



Kamper's Name (please print) _____ Male _____ Female _____ Age _____

Date of Birth: _____

Upcoming School Grade (must be entering 3rd-5th grade) _____ 3rd _____ 4th _____ 5th School _____

Home Address: Street _____ City: _____ Zip: _____

Parent(s) or Guardian(s) Names: (1) _____ (2) _____

Cell Phone & Name: (1) _____ Cell Phone & Name: (2) _____

Home Phone: _____ Daytime Phone: _____

Parent or Guardian's E-mail Address: _____

Emergency Contact (other than parent or guardian):

Name: _____ Phone: _____

Name of person dropping-off or picking-up Kamper (including parents):

Dropping off:

Name: _____ Phone: _____

Picking Up:

Name: _____ Phone: _____

Kamper's T-shirt size: _____ Youth-M _____ Youth-L _____ Adult-S

Participation Agreement - Please read, sign and date where indicated below:

Please complete every question:

My child, (the "Kamper") for whom I am legal guardian seeks participation in the Fort Bend County Master Gardeners' Junior Master Gardener ("JMG") Earth-Kind® Kids' Kamp ("EK³"). In consideration for my child's participation, I/we agree, as follows:

- ____ 1. I/we agree that I or another parent or guardian will be available by telephone while my child is participating in the EK³.
- ____ 2. I/we understand that my child may be temporarily or permanently suspended from EK³ if they engage in improper conduct including, but not limited to:
 - Disruptive, harassing, or reckless behavior;
 - Defacing, disfiguring, damaging, or destroying public or private property during the EK³;
 - The threat or commission of physical violence against any person on Texas A&M AgriLife Extension Service property or during the EK³.
- ____ 3. I/we agree that I or _____, will be responsible for transporting my child to and from the assigned location, according to the scheduled EK³ beginning and ending times.
- ____ 4. I/we agree that I or _____ will accompany my child and remain with them if they arrive more than 15 minutes prior to the scheduled EK³ beginning time.
- ____ 5. I/we agree that I or _____ will pick-up my child within 15 minutes of the EK³ ending time.

Parental/Guardian Consent and Waiver

I/We do hereby provide consent for my/our minor son/daughter _____ ("Kamper") to participate in JMG activities during the week of August 6 – 10, 2018 at the Earth-Kind® Kids' Kamp as outlined above.

My/our signature(s) below indicates that I/we give permission for the above named Kamper to participate in a field trip. I/we also give permission for photos or videotapes of this named Kamper to be produced for promotional or educational purposes.

Signature of parent(s) or guardian(s):

(1) _____ Date: ____/____/____ (2) _____ Date: ____/____/____

Printed name

Printed Name

Cost: \$75.00 per child; Cash or Checks only. Please make checks payable to FBMG, with reference to EK3.

Applications and payments can be dropped off at the office or mailed to:

Margo "Mac" McDowell, Program Coordinator,
Fort Bend County Master Gardeners
Texas Master Naturalist, Coastal Prairie Chapter
Texas A&M AgriLife Extension Service
1402 Band Road, Suite 100, Rosenberg, TX 77471
Phone: 281-633-7033 | Email: mmcdowell@ag.tamu.edu

Enrollment, Participation, Agreement and Parental Consent Form Earth-Kind Kids Kamp
August 6-10, 2018

Texas A&M AgriLife Extension provides equal opportunities in its programs and employment to all persons, regardless of race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation, or gender identity. Individuals with disabilities who require an auxiliary aid service or accommodation in order to participate in any Extension activities, are encouraged to contact the County Extension office at 281-342-2034 for assistance seven days prior to activity. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

2018 Earth-Kind® Kids' Kamp

**Texas A&M AgriLife Extension Service, Fort Bend County &
The Fort Bend County Master Gardeners**

Name of Participant _____

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 (herein referred to as "activity"), which is sponsored by **Texas A&M AgriLife Extension Service, Fort Bend County & Fort Bend County Master Gardeners, Inc.**, (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 4-H Youth Development Program, Texas 4-H Youth Development Foundation, 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, slip and falling, trip and falling, insect bites and stings, allergies, and I choose to voluntarily participate/allow my child to participate 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. TALENT RELEASE AGREEMENT. I hereby assign and grant to Texas A&M AgriLife the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all AgriLife activities, and I hereby release Texas A&M AgriLife, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Texas A&M AgriLife, and I specifically waive any right to any compensation I may have for any of the foregoing.

_____ YES or _____ NO

7. 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 _____, 20 _____

Participant Name: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If Participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(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: _____

Special Arrangements: If your child will require any special accommodations to fully benefit/participate in this program, or have questions about the physical access provided, please contact the program organizer and/or:

Dr. Jill Martz, Extension Youth Specialist 979-845-5411 or 979-845-5964 jill.martz@ag.tamu.edu

Medical Conditions: We will be serving snacks throughout the week. Please list any food allergies your child may have or any other medical conditions that might place his/her health at risk during the program (Please print and if none note accordingly)

Permission to Dispense Prescription Medications: (complete only if applicable to your child)

The Texas A&M AgriLife camp designated personnel will not dispense non-prescription (Advil, etc.) or prescription medication (antibiotics, insulin, inhalers, etc.) to the above named participant until the following information has been completed by a parent or guardian. It is the parent's/guardian's responsibility to give the medication directly to the program director or designated staff member in individual dosage containers, original prescription containers, or envelopes clearly labeled with dosage instructions. In all cases, the recommended dosage of any over-the-counter medication will be adhered to according to the manufacturer's instructions and the recommended dosage of any prescription medication will be adhered to according to the following instructions.

I _____, on (date) _____ as parent/guardian of _____ give permission to the staff of the Texas A&M AgriLife previously identified to my child to dispense prescription medications as described below:

_____	_____	_____
<i>Prescription Medication</i>	<i>Dosage</i>	<i>Dispensing Time</i>

Special Storage Instructions

_____	_____	_____
<i>Prescription Medication</i>	<i>Dosage</i>	<i>Dispensing Time</i>

Self-Administered Medication (complete only if applicable to your child)

My child may possess and self-administer the following medicine: _____ and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at this event, and failure to do so is a violation of program rules that will result in disciplinary action up to and including removal from the event.

I hereby release Texas A&M AgriLife, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medications, including injuries caused as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of releases.

Signature of Parent or Guardian

Date