

4 Days of Fashion

**Ages
10-17**

Youth Fashion Week



Registration

Deadline: June 29

Fee: \$95

**Session Dates
July 17-20, 2018**

8:00 am — 3:30 pm Tuesday-Friday

Attend Youth Fashion Week this Summer! The only summer camp designed to take you on a 4 day exploration through the Fashion Industry. The event will be held at the Ft. Bend County Extension Office, located at 1402 Band Rd. Suite 100, Rosenberg, TX. Pre-Registration is required.

WHO WE ARE

Youth Fashion Week is a summer fashion camp developed by the Texas A&M AgriLife Extension Service of Fort Bend County in partnership with the Cooperative Extension program. This camp is designed to teach students about fashion design and illustration, sewing, modeling, buying, and careers in the fashion industry.

DESIGNERS CHALLENGE

Campers face challenges every day and each day there will be a new challenge for teams to accomplish! Teams will be challenged to bring out the creativity within, while racing against the clock. Youth will be designing and recreating outfits out of different materials. The campers will never know what the challenge will be!

SEWING

In our sewing class students will learn to use the sewing machine to create a stylish garment. Participants will learn machine safety and how to sew properly. No sewing experience is required in order to sign up for this camp. Participants are encouraged to bring a sewing machine if available, but it's not required.



Refreshments will be provided, but students should bring a sack lunch each day.

For more information or to mail in the registration form contact Victoria Zwahr at: victoria.zwahr@ag.tamu.edu or by calling 281-342-3034.

Texas A&M AgriLife Extension
FCS Department
1402 Band Rd. Ste. 100
Rosenberg, TX 77471

WHAT'S INCLUDED

All supplies, trip transportation & fees are included. Early drop off is (7:30am-7:55am) and Late pickup is (3:30pm- 4:10pm) the price is \$15.00 per day.

FASHION EXCURSION

Visit places inspired by Fashion. See what is new or is selling in the market today. Participants may bring \$10 or more to purchase additional items if they wish.

4 Days of Fashion



SEW



SEE



CREATE



MODEL



Cooperative Extension Program

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. Persons with disabilities who plan to attend this meeting and who may need auxiliary aids or services are required to contact Texas A&M AgriLife Extension Service at 281.342.3034 five working days prior to the meeting so appropriate arrangements can be made. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

Youth Fashion Week Camp

July 17, 18, 19 & 20, 2018

8:00 a.m.—3:30 p.m.

Cost : \$95 per camper; ages 10-17. Registration ends June 29

Fort Bend County Extension Office
1402 Band Rd. Suite 100, Rosenberg, Texas 77471

Early drop off is (7:30 am—7:55 am) and Late Pickup is (3:30 pm— 4:10 pm)
\$15 per day - Payment & Days Due with Registration

4-H membership encouraged but not required.

Course Organized By:
Leticia Hardy, CEA - Family & Consumer Sciences Agent



Youth Fashion Week Camp

Registration Form (Please Print)

Mail to: Texas A&M AgriLife Extension Service Fort Bend County, FCS Department; 1402 Band Rd., Ste. 100, Rosenberg, TX, 77471

Participant Name: _____ Participant Age: _____ (as of July 17, 2018)

Parent/Guardian Name: _____ Skirt/Shorts Size: _____

Parent/Guardian Daytime phone: _____ Cell: _____

Email: _____

FOOD ALLERGIES: Food or snacks may be provided at this event. Please list allergies below, if none please state none:

Parent/Guardian Signature: _____ Date: _____

Check/Money Order should be made payable to FCS Committee.

Office use: _____

2017-2018 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

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 **Texas 4-H** (herein referred to as "camp"), which is sponsored by **Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program**, (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 and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, 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 all events and activities, 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. 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 Signature: _____

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: _____



Audio/Photo/Video Ongoing Consent Form

Subject's Name (please print)

Date

I permit Texas A&M AgriLife Extension Service, Texas A&M System, to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice for educational, marketing, and publicity purposes through any media. I acknowledge that the pictures or recordings taken on this date then become the sole and exclusive property of Texas A&M AgriLife Extension Service and the Texas A&M System. I release Texas A&M AgriLife Extension Service and the Texas A&M System from any and all claims that might arise from the use of these images and recordings.

Signature of Subject (if age 18 or older)

Parent or Legal Guardian (if subject is under 18)

Address (please print)

Address (if different from minor's)

City, State

City, State

Area Code and Phone Number

Area Code and Phone Number (if different from minor's)

If subject is under 18 years old, a parent or legal guardian must write the minor's name as the subject and grant permission by signing on the appropriate line.

-----FOR SCHOOL OFFICIALS ONLY-----

I affirm that students of _____ can be photographed, interviewed, and/or videotaped because all relevant permissions have been secured in advance by the school.

Signature

Title



Authorization and Waiver to Transport Child

Authorization Is Valid: Fashion Week Camp - July 19 & July 20, 2018

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____

I authorize Texas A&M AgriLife Extension Service and/or Fort Bend County to transport my minor child in a company vehicle, driven by an individual authorized by Texas A&M AgriLife Extension Service or Fort Bend County. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff. I understand participation in the Travel day is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Texas A&M AgriLife Extension Service and/or Fort Bend County and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date