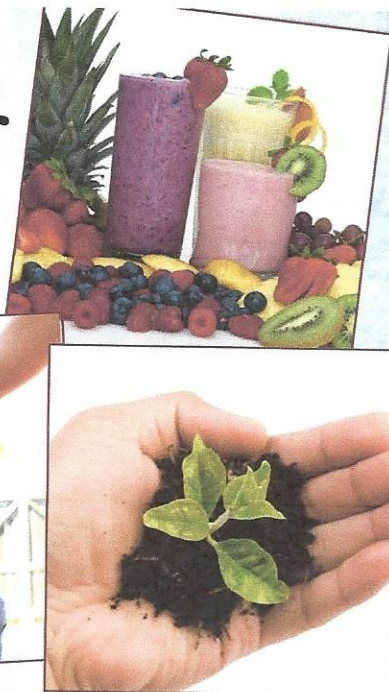


Discover 4-H • March 14

During Discover 4-H Day Camp, you will experience several projects 4-H has to offer. Join us this day to learn about gardening, plant science, fashion, clothing and textiles, cooking, food & Nutrition, archery, and shooting sports!

All that fun rolled into one day, imagine the possibilities in 4-H!

Please bring an old t-shirt, any size, for our textiles project.



4-H DAY CAMP

Bring a
sack lunch,
snacks
provided.

When: March 14 & 16 • **Time:** 10 am—5 pm

Where: Presidio County Fairgrounds

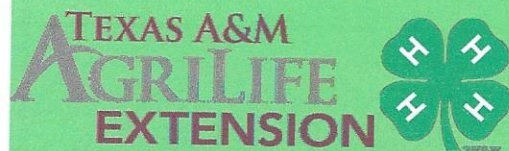
Who: 4-H Members & Friends

Presidio, Brewster, & Jeff Davis Counties

Ages: Kindergarten—18

To Register for one or both days:
432-729-4746 or reba.griggs@ag.tamu.edu

*** walk-ins will be accepted***



Educational programs of the Texas AgriLife Extension Service are open to all people without regard to race, color, sex, disability, religion, age, or national origin.

The Texas A&M System, U.S. Department of Agriculture, and the County Commissioners' Courts of Texas Cooperating

Photography • March 16

Camera time! Learn to use cameras, lighting, and other photography equipment to get great shots. You'll learn to review and evaluate photos for quality and appearance. You will learn about techniques in editing and developing photographs for display, competition, or personal enjoyment.

*Please bring a photo device:
cell phone, tablet, or
digital camera.*

2017 Presidio County Day Camp Registration Form

Which Day(s) will you attend: ☐ Discover 4-H (March 14) ☐ Photography (March 16)

4-H Age Division: ☐ Clover (Kinder-2 Grade) ☐ Junior (3-5 Grade)
☐ Intermediate (6-8 Grade) ☐ Senior (9-12 Grade)

Personal Information

Full Name: _____
Last First Age

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____

Primary Emergency Contact

Full Name: _____
Last First Age

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: (____) _____ Alternate Phone: (____) _____

Relationship: _____

My child may leave with the following individual(s): _____

Do you have any special dietary needs? If so, please specify: _____

Do you require any special accommodations? If so, please specify: _____

**Texas 4-H Youth Development
2016-2017 Media/Photograph Release**



I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization, including claims arising from agencies negligences.

Date

Member Signature

Printed Name

Street Address

City/State/Zip Code

(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

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.

2016-2017 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: _____

