July 30–
August 1, 2021

San Angelo
Fairgrounds–
1st Community Credit
Union Spur Arena

Camper Fee: $175.00

Adult/Sponsor Fee: $75.00

Open to incoming 3rd graders– seniors

Register Beginning May 3 by mail.

Registration will be limited to the first 80 paid campers. To be placed on the wait list, please e-mail brittni@sanangelorodeo.com.

Schedule:

July 30th: Registration: 9:00 a.m. -11:00 a.m.
Clinic: 1:00 p.m.—6:00 p.m.

July 31st: Clinic: 8:00 a.m.—6:30 p.m.

August 1st: Clinic: 8:00 a.m. –12:00 p.m.
Awards: Following Lunch

Topics:

- Feeding and Nutrition
- Classifying
- Judges Panel
- Validation
- Health and Management
- Scholarships
- Showing at Majors

Hands– On Demonstration:

- Showmanship
- Exercising
- Shearing and Washing
- Selection
- Skill-A-Thon

****Lambs will not be furnished, each youth participant must bring their own lamb****

Fees include a T-shirt, camp book, 2 breakfasts and lunches, educational seminars, and hands on learning.

Hotel Information: ****Sheep Capital Lamb Camp does not provide dorm rooms**.**

The Pearl on the Concho will be the host hotel and offer discounted rooms to “Lamb Camp” attendees. Contact The Pearl on the Concho directly at (325)-653-4500 for reservations.

DEADLINE: June 30th

For more information contact Brittni Kaczyk at (325)-653-7785 or Josh Blanek at (325)659-6522.

TEXAS A&M AGRILIFE EXTENSION

SAN ANGELO STOCK SHOW & RODEO

Registration Form

2021 Sheep Capital Lamb Camp

July 30- August 1, 2021

Please fill out form completely.

Name(s) of Adult/ Sponsors Participating	Sex: M/F

Name(s) of Children Participating	Age	Sex: M/F	Shirt Size	Grade	Years County	Years Major

Address: _____

City & State: _____

Zip Code: _____

Phone Number: ( ) _____

E-Mail Address: _____

_____ # of Children Attending

X $175.00 = _____

_____ # of Adult/Sponsors Attending

X $75.00 = _____

_____ # of Additional Food Bands***

X $50.00 = _____

Total = _____

Open to incoming 3rd graders—Seniors

-First 80 paid entries accepted-

Please make checks payable to San Angelo Stock Show And Rodeo

DEADLINE: June 30th

Return to: San Angelo Stock Show and Rodeo, Attn: Brittni, 200 West 43rd St, San Angelo, TX 76903

or electronically to brittni@sanangelorodeo.com

****Each youth participant must be accompanied by an adult representative****

****Additional Food Bands are for non-participants, eating at all provided meals****

NO REFUNDS WILL BE ISSUED AFTER JUNE 30, 2021. RV Site available per request @ $30.00/night

Recognition and Assumption of Risk Agreement and Physician Release

I, the undersigned parent/legal guardian of _____, authorize the said child's full participation in Sheep Capital Lamb Camp, including related camp activities. It is my understanding that participation in the activities that make up Sheep Capital Lamb Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in Sheep Capital Lamb Camp, I covenant not to sue the camp program, the San Angelo Stock Show and Rodeo Association, AgriLife Extension, the Texas A&M University system, the State of Texas, their officers, servants, agents, or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child, whether cause by negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I also give my permission for any emergency or medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost.

Print Camper's Name: _____

Personal Insurance Company and Policy Number: _____

Parent/Legal Guardian's Signature:_____

Date Signed: _____

As a participant in Sheep Capital Lamb Camp, I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Camper's Signature: _____

Date Signed: _____

2020-2021 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 to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, 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, and their members, officers, agents, volunteers, or employees ("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 while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me 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 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, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**

3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.

4. NO INSURANCE. I understand that RELEASEES do 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. Sponsor does 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 sponsor, a governmental unit of the State of Texas, 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.

5. 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.

6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity 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 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, 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, 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 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, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.

8. 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. **For youth engaging in extracurricular activities**: I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary, extracurricular 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: _____

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: _____ Date:_____