

# Williamson County 2022 4-H Summer Camp Registration Form



Camp dates and registration deadlines:

- July 6 – Simple Snacks – register by June 22
- July 13 – Crafty Creations – register by June 29
- July 20 – Food in Focus – register by July 6

*Registration is limited to the first  
20 paid participants for each day*

To register, complete the registration form, waiver, and photo release and turn in to the Extension Office with payment.

## Participant Information

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## Registration Information

July 6 – Simple Snacks – Food and Nutrition – Making homemade snacks and learning about nutrition

Attending? (circle)    YES    NO

If yes – Food allergies: \_\_\_\_\_

July 13 – Crafty Creations – Sewing and Design – Learning how to cut, measure, and sew by making an apron

Attending? (circle)    YES    NO

If yes – Describe your current sewing skill level: \_\_\_\_\_

Do you have a sewing machine you can bring to camp? \_\_\_\_\_

July 20 – Food in Focus – Photography – Learn about food presentation, then try out basic photography skills and tips

Attending? (circle)    YES    NO

If yes – Food allergies: \_\_\_\_\_

Do you have a camera (phone or digital) that you can bring to camp? \_\_\_\_\_

## Payment Information

Total due (\$25 per day, or \$60 for all 3 days): \_\_\_\_\_ Paid date: \_\_\_\_\_

Paid by (circle):    Cash    Check (payable to 4-H Adult Leaders)

# 2021-2022 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: \_\_\_\_\_



AgriLife Research

AgriLife Extension

**STANDARD MEDIA RELEASE FORM, ADULTS and MINOR CHILDREN**

I am the parent or legal guardian of the children listed below. I grant the Texas A&M AgriLife and its officers, agents, volunteers, and employees the irrevocable right to record, use, display, and broadcast my and these children’s likenesses (still or moving) or words (written or spoken) for any legal purpose, in any medium, and to allow others to do so.

I also grant Texas A&M AgriLife and its agents, volunteers, and employees the irrevocable right to use my and these children’s names in connection with our likenesses and words and to allow others to do so.

I waive any right that I may have to inspect or approve the finished product in which my or these children’s likeness, words, or names are used.

I understand that signing this release is voluntary and I do not expect compensation for the use of my or these children’s likeness, words, or names.

I release Texas A&M AgriLife, their regents, agents, volunteers, and employees from any liability related to the use of my or these children’s likeness, words, or names. I agree to indemnify Texas A&M AgriLife from any claims made by my minor child when they reach the age of majority, if any.

I certify that I have the legal authority to grant the rights on behalf of these children.

I understand that by signing this release I am releasing certain of my and these children’s legal rights, and that if I have any questions about those rights or this release I should consult my own attorney before signing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Names and Ages of Minor Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_