

***** ADULTS PLEASE COMPLETE *****

**WAIVER AND INDEMNIFICATION AGREEMENT AND
MEDICAL TREATMENT AUTHORIZATION**

I, _____, understand that Texas 4-H Conference Center, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by Texas 4-H Conference Center, some bodily injuries may occur. Specific risks/hazards involved in Texas 4-H Conference Center include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in Texas 4-H Conference Center, which is sponsored by Texas AgriLife Extension Service, a component member of The Texas A&M System, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, Texas 4-H Conference Center, Texas AgriLife Extension Service, The Texas A&M System and its Board of Regents, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from any and all liabilities, claims, demands, or injury, including death, that may be sustained by me while participating in such activity, or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from Texas 4-H Conference Center activities, ***including injuries sustained as a result of the negligence of RELEASEES.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. I am fully aware that there are inherent risks involved with Texas 4-H Conference Center and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity ***including injuries sustained as a result of the negligence of RELEASEES.*** I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity ***including injuries sustained as a result of the negligence of RELEASEES.*** I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

3. I understand that RELEASEES may 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.

4. It is my express intent that this Waiver 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. I understand RELEASEES cannot be expected to control all of the risks articulated in this form but 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 during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

6. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. **If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated below.** I consent to the information on this form being shared with the staff of the Texas 4-H Conference Center.

CENTER PARTICIPANT *SIGNATURE* _____ DATE _____

PRINT NAME _____ UIN OR SS# _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____ STATE OF ISSUE _____

LOCAL ADDRESS _____ LOCAL PHONE _____

PERMANENT ADDRESS _____ PERMANENT PHONE _____

I am the parent or legal guardian of the Texas 4-H Conference Center participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Waiver.

PARENT OR LEGAL GUARDIAN *SIGNATURE* (if participant is younger than 18)

PRINT PARENT OR LEGAL GUARDIAN NAME

State law may require you to be informed of the following:

(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**Texas 4-H Conference Center
HEALTH STATEMENT**

Check one: Youth Adult County _____
Event: _____ Event date(s): _____ through _____

The proposed activity provided by the Texas 4-H Conference Center, requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Section I. Participant Information

Name _____	Birth Date _____
Address _____	Gender _____
City, ST, Zip _____	Age _____
Home Ph. _____	S.S.# _____
Name of Physician _____	Date of Last physical exam _____
Physician's Phone _____	

Section II. Emergency Contact Information

Name _____	Home Ph. _____
Address _____	Work Ph. _____
City, St, Zip _____	Cell Ph. _____

Section III. Health History (Circle the appropriate answer and explain any **YES** responses.)

Have you had or do you currently have any heart problems (dates): _____ YES NO
Do you frequently suffer from pains in your chest: _____ YES NO
(NOTE: If you have any heart related problems you will need to have a release from a physician.)
Do you often feel faint or have spells of severe dizziness: _____ YES NO
Has a doctor ever told you that you have high blood pressure: _____ YES NO
Are you a smoker: _____ YES NO
Do you have arthritis, joint, or back problems that can be aggravated by exercises: _____ YES NO
Have you had any operations or serious injuries (dates): _____ YES NO
Do you have any chronic recurring illness or communicable diseases: _____ YES NO
Are there any activities to be limited/discouraged by a physician's advice: _____ YES NO
Are you allergic to any medicines, insects, or pollens: _____ YES NO
Do you have Epilepsy: _____ YES NO
Do you have Diabetes: _____ YES NO
Do you have any prescribed meal plan or dietary restrictions: _____ YES NO

Section IV: Medications

Are there prescribed medications currently being taken (please describe) _____ YES NO

Please check "over the counter" medications which camp personnel may administer as necessary:

_____ Acetaminophen (Tylenol)	_____ Ibuprofen (Motrin)	_____ Pepto Bismol	_____ Imodium
_____ Neosporin	_____ Calamine/Caladryl	_____ Benadryl	_____ Any as needed

Section V. Insurance Information

Do you carry family medical/hospital insurance? YES NO

Carrier: _____ Policy Number: _____

Any other health related information for Center personnel to be aware of: _____

REPRESENTATION

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in Texas 4-H Conference Center activities. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant: _____ Date: _____
(Or guardian if participant is under the age of eighteen)

Witness: _____ Date: _____