

**JR. HIGH LEADERSHIP LAB ADULT LIABILITY
AND MEDICAL RELEASE FORM**

I do hereby grant consent to participate in the Jr. High Leadership Lab sponsored activities. I further hold blameless all officials of the activities, including employees/representatives of the Texas AgriLife Extension Service, the Texas A&M University System, the Texas 4-H Youth Development Foundation, and the 4-H leaders, individually and collectively, for any loss or damage incurred as a participant in any 4-H Club activity or en route to or from any 4-H activity including traveling with the group or sponsor to perform or participate in the activity.

I give permission for extension staff or volunteer leaders to administer over the counter medications as deemed necessary. I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost. In case of sudden illness or accident requiring immediate treatment or surgery while en route to this activity, while there, and/or while returning from the event, I authorize Texas AgriLife Extension Service personnel or other 4-H leaders serving as chaperone(s), to take such action as seems appropriate to protect my health and physical well-being. This authority extends to any physician or surgeon selected by the chaperone(s) to perform medical or surgical procedures necessary to preserve my life or well-being.

Name of family physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy No: _____

Having read the above, I hereby affix my signature in agreement.

Signature

Date