



**Release of Liability, Indemnification and Assumption of the Risk Agreement**  
(Form for Minors)

Name of Minor (Print): \_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

Relationship to Minor (Print): \_\_\_\_\_

Organization: \_\_\_\_\_

Activity:  
(Please describe specifically the Activity) \_\_\_\_\_  
\_\_\_\_\_

Activity Dates: \_\_\_\_\_

**This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before the above-named Minor participates in the Activity. This document cannot be altered or modified by any verbal or written statements.**

\_\_\_\_\_  
Initial      **Releasees:**      The "Releasees" in this agreement are the Board of Regents, The Texas State University System, Sul Ross State University, and all regents, directors, employees, agents, and officers and volunteers of such entities.

\_\_\_\_\_  
Initial      **Assumption of Risks:** To the best of my knowledge, the above-named Minor is in good health and has no physical limitations that would preclude or impede the above-named Minor's participation in the e Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I voluntarily elect to allow the above-named Minor to participate and engage in the Activity knowing that the Activity may be hazardous to my property, the above-named Minor's property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of any of the Releasees.

\_\_\_\_\_  
Initial      **INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND) AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR'S INJURIES OR DEATH, AND/OR THE ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.**

**Release of Liability, Indemnification and Assumption of Risk Agreement, Cont'd**

**THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_ **Release:** In consideration for facilitating the above-named Minor's participation  
Initial in the Activity I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of any loss or damage to my or the above-named Minor's property and/or any personal injury or death, that the above-named Minor may sustain whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

**THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_ **Intent:** I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement  
Initial bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

\_\_\_\_\_ **Free Act:** I acknowledge that I have read and understand this Release of Liability, Indemnification and  
Initial Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the parent and/or legal guardian of \_\_\_\_\_ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date

# 2022-2023 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.

<b>SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.</b>	
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 service your child may require: _____	
_____	
_____	
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) _____	

**Texas 4-H Youth Development Program  
 HEALTH AND SAFETY STATEMENT**

Check one:  Youth  Adult County: \_\_\_\_\_ District: \_\_\_\_\_  
 Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_

**Section I. Participant Information**

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Name of Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_ Physician's Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Section II. Emergency Contact Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Section III. Health History (Check 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 physician's release.)  
 Do you often feel faint or have spells of severe dizziness? \_\_\_\_\_ Yes  No   
 Has a doctor ever told you that you might 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 exercise? \_\_\_\_\_ 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 medications, food or food ingredients, 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   
 Any other health related information for 4-H personnel to be aware of? \_\_\_\_\_ Yes  No

**Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)**

Are there prescribed or over-the-counter medications currently being taken? Describe. \_\_\_\_\_ Yes  No

**Section V. Insurance Information – Please provide a copy of your insurance card.**

Do you carry family medical/hospital insurance? \_\_\_\_\_ Yes  No   
 Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Section VI. Release of Participant (If minor)**

I/We do hereby authorize the release of said minor child to the following person/people at the conclusion:  
 (please list all persons, including parents)

Further, I/We require that said minor child NOT be released to the following person/people at the conclusion of the activity:

**Section VII. Health and Safety Statement Certification**

By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Participant OR Parent/Guardian Name (if participant is under the age of 18): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The next 3 pages are related to Camper Medication Permission:

- **OTC Form**: This is required for the camp to have permission to provide Over the Counter Medication to your youth (Example: Ointment, Tylenol, Bug Repellant, etc)
  
- **ADM Form**: This is required for the camp to administer any medications your youth has brought with them (Includes Prescription and Over the Counter). This is required for all participants with medication.
  - The only exception to this is for youth Ages 15 and older that have a completed SAP form.
  
- **SAP Form**: Participants Age 15 and Older can retain and self-administer their medication IF they have submitted an appropriately completed SAP Form with their registration packet. Otherwise their medication will need to be turned in with a completed ADM form for the camp to administer.

**Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication**

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the youth's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

**Participant Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **County** \_\_\_\_\_ **District** \_\_\_\_\_  
**Name of Event Attending** \_\_\_\_\_ **Event Date(s)** \_\_\_\_\_

Please check the OTC medications that may be administered while your child is attending the event, if needed.

	Ointments for minor wound care, first aid (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) as directed.		Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed.
	Tylenol/Acetaminophen as directed		Calamine lotion for bug bites and poison ivy
	Ibuprofen as directed		Micatin or anti-fungus treatment as directed for athlete's foot
	Kaopectate or Imodium for diarrhea as directed		Visine or other eye drops for minor eye irritation
	Rolaids or Tums for acid reflux, heartburn, or indigestion as directed		Actifed or Sudafed as directed for nasal congestion or allergy relief as directed
	Benadryl for swelling, hives, allergic reaction, as directed		Throat lozenges and/or spray as directed for sore throat
	Medicated powder for skin irritation as directed		Swimmer's ear drops as directed
	Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites		Bug repellent
	Robitussin or other cough syrup as directed		Sunscreen
	Other (list any other approved OTC drugs): _____		

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, Texas A&M AgriLife Extension, the Texas 4-H Youth Development Program and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M AgriLife Extension.

**Parent/Guardian Name** \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





**Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication – Participants 15 years of age or older**

This portion of the form must be completed fully in order for participants to self-administer required medication. This form must be completed for each camp/program attended by the youth, for all medications, and each time there is a change in dosage or time of administration of a medication. Program Managers reserve the discretion to use this form.

Participant Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_  
 Name of Event Attending \_\_\_\_\_ Event Date(s) \_\_\_\_\_

- No, my child does not need to take any prescription medication while at the program.
- Yes, my child will need to take prescription medication while at the program.

All prescription medications, including medications for conditions such as food, drug or insect allergies, diabetes; asthma; or epilepsy may be brought to the program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at program by a parent/legal guardian. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the youth will be attending the program.

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Specific Directions (i.e. on empty stomach, with water, etc.) \_\_\_\_\_

Time/Frequency of administration: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Special Storage Requirements (if any): \_\_\_\_\_

Is the participant capable of self-managed care?  Yes  No

Prescribing Physician: \_\_\_\_\_

Telephone of Physician: \_\_\_\_\_

I authorize and recommend self-medication by my child for the above medication. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician. I agree to indemnify and 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, Texas A&M University, Texas A&M AgriLife Extension, the Texas 4-H Youth Development Program and their members, officers, servants, agents, volunteers, or employees against any claims that may arise relating to my child's self-administration of prescribed medication(s) **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_