

**2023-2024 4-H Senior Leader Lab @  
Brownwood 4-H Center**

**Name:** \_\_\_\_\_

**County:** \_\_\_\_\_

- Waiver**
- HSS**
- Brownwood Center Required Documentation\***

\*You will notice the highlighted form appear to be duplicated in the packet but one form is designed and designated for the Camp and the other is designed and designated for Texas 4-H Youth Development.

# 2023-2024 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

## 2023-2024 4-H Senior Leader Lab - D6 & D10

### 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.**

**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: \_\_\_\_\_



September 1, 2023

MEMORANDUM

TO: Groups Utilizing the 4-H Conference Center

A handwritten signature in black ink, appearing to read "Melvin Atkinson".

FROM: Melvin Atkinson  
Assistant Program Director, 4-H Youth Development

SUBJECT: Requirements of Adult Chaperones

Thank you for choosing the Texas 4-H Conference Center to hold your youth retreat/conference/camp. Our goal is to provide you with the best quality accommodations, meal service, program staff and support for your event. It is also our goal to ensure the safety of every participant involved.

The 4-H Conference Center as part of Texas A&M AgriLife Extension Service has implemented the attached Risk Management policy regarding Staff/Adult Volunteers serving as Chaperones in the 4-H Conference Center dormitories during overnight stays.

Basically, all adult staff/volunteers in the dormitories (2 per unit) must

- 1) provide proof of a criminal background screening, or complete Voluntary Disclosure
- 2) clear the US Department of Justice National Sex Offender Public Website, AND
- 3) complete an online Child Protection Course, administered by the Texas A&M University System.

Please see attached document for details on compliance.

All groups are required to follow these guidelines, effective May 1, 2012. If you have any questions or need additional information, please contact me. I realize that this may create additional work for you, as the Group Contact, but I am sure you recognize the need for it.

Also attached is the Release Form that all participants, youth and adult, must complete and bring to your scheduled event.

Texas 4-H Conference Center  
5600 FM 3021  
Brownwood, TX 76801  
325.784.5482 FAX 325.784.6486  
Email: [texas4-hcenter@ag.tamu.edu](mailto:texas4-hcenter@ag.tamu.edu)  
[texas4hcenter.tamu.edu](http://texas4hcenter.tamu.edu)



## **Risk Management: Screening of Staff/Volunteers utilizing the Texas 4-H Conference Center**

To ensure a safe and positive environment for youth and other adults involved in 4-H Conference Center programs, the Texas A&M AgriLife Extension Service 4-H Conference Center has established a staff/volunteer background verification policy. This policy applies to any volunteer working with youth in overnight activities at the 4-H Conference Center, where the volunteer is serving as a Chaperone in the dormitory.

### **Texas A&M AgriLife Extension Service groups**

Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program volunteers must be registered through the 4-H Online registration system. Completion of a criminal background check is part of the registration process. For these volunteers, the 4-H Conference Center will verify the 4-H Online registration is current. Additionally, the 4-H Conference Center will utilize the United States Department of Justice National Sex Offender Public Website as part of the background verification process. Volunteers must also complete a Child Protection Course administered through the 4-H Online system.

### **Non-AgriLife Extension Service groups**

For all organizations or groups NOT associated with Texas A&M AgriLife Extension Service or the Texas 4-H Youth Development Program, adult chaperone involvement and background check verification is to be completed in the following manner.

1. Groups must provide a minimum of two (2) same sex Adult Chaperones per dormitory unit. A unit is viewed as one side, either "A" or "B" of a dormitory building.
2. Each of these adults must provide a completed Voluntary Disclosure Statement (developed and approved by the American Camp Association).
3. The 4-H Conference Center will utilize the United States Department of Justice National Sex Offender Public Website as part of the background verification process.
4. All Chaperones must complete an online Child Protection Course administered by the Texas A&M University System. Instructions are attached.

**Failure to Comply:** Only those adults that have been properly screened and trained will be allowed in the dormitories. Groups that do not comply with this policy will NOT be allowed to utilize the 4-H Conference Center facilities. In the event an adequate number of chaperones are not provided by the group, the 4-H Conference Center can (if available) provide a screened and trained staff member for an additional cost. It is the group's responsibility to have an adequate number of screened and trained Chaperones.



## Instructions to complete Online Child Protection Course

**NOTE:** Texas A&M System employees are to complete the training via the Single Sign On system. Texas 4-H volunteers are to complete the training via the 4-H Online system.

All other individuals serving as Chaperones in the dormitories of the Texas 4-H Conference Center are to complete the Child Protection Training as follows:

### To view the course:

1. Go to: <https://apps1.system.tamus.edu/TrainTraq/web/External/ExternalGatewayLogon.aspx>
2. You will be prompted to type in your email address and a password. \*Please NOTE: the system will not allow underscores in the email address.
3. Please note, this password changes systematically so call 325.784.5482 and speak to Christy Simmons or email [christy.simmons@ag.tamu.edu](mailto:christy.simmons@ag.tamu.edu) for an updated password.
4. You will see a list of courses. Find course 2111652: *Child Protection Training (Approval #CPM12-0066)*. Click **Start**.
5. You will be prompted to provide some information about yourself, such as your name, employer, TAMUS Member, and how you heard about the course. The information you provide is what is displayed on your completion certificate. Five fields are required, please input your personal data in the first three and use the information as printed below to complete the other two highlighted fields.
  - **First Name** -- required
  - **Last Name** -- required
  - **Employer** -- required
  - **TAMUS Member** – scroll down to choose **'X' Texas A&M AgriLife Extension Service**
  - **Work Address**
  - **Work City**
  - **Work State**
  - **Work Phone**
  - **How did you hear about this course** – **Texas 4-H Conference Center Camp Chaperone**
6. Click Save and the data will be processed
7. Click Start Course.

You should receive a Certificate of Completion. PLEASE FORWARD THE CERTIFICATE TO [christy.simmons@ag.tamu.edu](mailto:christy.simmons@ag.tamu.edu) in advance of your arrival at the Texas 4-H Conference Center.

Mail this form to the address below:

Texas 4-H Conference Center  
5600 FM 3021  
Brownwood TX 76801  
texas4-hcenter@ag.tamu.edu

Phone: 325-784-5482

Fax: 325-784-6486

**Voluntary Disclosure Statement**  
**All Camp Staff / Volunteers : A16**

Developed and approved by the  
american **CAMP** association®

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

Camp or Event for which you are a chaperone/volunteer : \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

Yes  No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes  No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.



If yes, please explain: (Use a separate sheet, if necessary.)

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5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain:

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I understand that:

- a) The camp may deny employment/volunteer opportunities to any person who answers "yes" to any one of questions 2-7. If hired or volunteer is accepted and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment/volunteerism may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

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

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPANT  
NAME \_\_\_\_\_

CAMP \_\_\_\_\_

Texas 4-H Conference Center  
**RELEASE FORMS**

CAMP AND ENRICHMENT PROGRAM  
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my child's participation in any and all activities of Texas 4-H Conference Center (herein referred to as camper), which is sponsored by Texas A&M AgriLife Extension Service, a member of The Texas A&M University System and its Texas 4-H and Youth Development Program, (herein referred to as sponsor, I hereby release, waive, discharge, 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, Texas A&M AgriLife Extension Service, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as 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/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES, I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE, I am fully aware that there are inherent risks to my child, myself and others involved with participation in any and all activities at the Texas 4-H Conference Center, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child 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/my child 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, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's 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 may 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 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.

4. 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.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form 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/my child's 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 INDEMNITIES for any costs incurred to treat me/my child, 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, discharge, 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/my child 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, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. 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. I understand I can choose not to sign this document and free myself and my child 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/my child that has a lower level of risk to myself/my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this 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: \_\_\_\_\_

Participants 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD.**

Texas 4-H Conference Center  
**CONSENT TO PARTICIPATE YOUTH PARTICIPANTS**  
Required by American Camp Association for Program Accreditation

I, or we, parent(s) or guardian(s) of a minor child named \_\_\_\_\_ do hereby give consent for said minor child to participate in all activities other than swimming, kayaking, sailing, canoeing or Challenge Course activities scheduled as part of the Texas 4-H Conference Center program to be conducted at the 4-H Conference Center, 5600 FM 3021, Brownwood, TX 76801; Phone (325) 784-5482. Activities include riflery, archery, initiative games, crafts, and environmental education. Participants will be attending parties, ceremonials, and other activities during their stay.

**PLEASE CHECK AND INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:**

**Swimming, kayaking, canoeing and/or sailing activities:** I/we do further give consent for said minor child to participate in organized **swimming, kayaking, canoeing and/or sailing activities** conducted at the 4-H Conference Center. I/we understand that said minor child shall be required to take an approved swimming skill level test and will be assigned to that portion of the swimming area which is commensurate with his or her demonstrated swimming ability. An approved swimming skill level test will also be required before said minor child can participate in canoeing, kayaking or sailing program. Participants will be required to wear Personal Floation Devices at all times during participation in canoeing, kayaking and/or sailing activities.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Challenge Course activities:** I/we do further give consent for said minor child to participate in **organized activities on the Texas 4-H Conference Center Challenge Course**. I/we understand that said minor child will be supervised and instructed in these events by an individual who has been certified and trained to facilitate this level of programming. All participants are provided instruction on the wearing and use of safety equipment prior to participation. \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Media Release:** In the event photographs, slides, or video tapes are made of said minor child, I/we consent to the **release of those photographs, slides or video tapes** for use in promoting programs at the Texas 4-H Conference Center.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Field Trips:** I/we do further give consent for said minor to **participate in scheduled field trips** during this program. I/we understand that only approved adult volunteers and/or staff will transport said minor off the Texas 4-H Conference Center grounds and will serve as a chaperone for the field trip.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

The following information is used upon departure of the said minor child from overnight activities held at the 4-H Conference Center. This does NOT apply to school groups that participate in day activities ONLY.

**I/We do hereby authorize the Texas 4-H Conference Center to release said minor child to the following person/people at the conclusion of the activity: (please list all persons, including parents):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ Health screening performed  
\_\_\_\_\_ Follow-up referred to: \_\_\_\_\_ Dietary \_\_\_\_\_ Camp Director \_\_\_\_\_ Dorm Staff

Check one: \_\_\_\_\_ Youth \_\_\_\_\_ Adult County \_\_\_\_\_ Camp \_\_\_\_\_

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 disease. 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Name of Physician \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Physicians Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

**Section II. In the event of an Emergency, please contact:**

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 (please describe) \_\_\_\_\_ YES \_\_\_ NO \_\_\_  
Are all immunizations up-to-date: \_\_\_\_\_ YES \_\_\_ NO \_\_\_

**Date of last Tetanus shot (required)** \_\_\_\_\_

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

**PLEASE NOTE: ALL medications must be in ORIGINAL container with ORIGINAL LABEL.**

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

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

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

\_\_\_\_\_ Imodium \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Ibuprofen (Motrin) \_\_\_\_\_ Acetaminophen (Tylenol)  
\_\_\_\_\_ Neosporin \_\_\_\_\_ Benadryl \_\_\_\_\_ Robitussin DM or CF \_\_\_\_\_ Any as needed

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

(Or guardian if participant is under the age of 18)

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

Camp Nurse Verification AM – Lunch – PM – Other: _____
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**Medication Authorization Form**

Camper: \_\_\_\_\_ Food Allergy (if applicable): \_\_\_\_\_ Medication *(Listed Below)*

**All medication to be administered at camp must comply with the following guidelines and be locked in the health office:**

1. **All medication must be in the original container.** All prescription medication must be in the camper’s name. Sharing of prescription medication is not allowed. Inhalers must be accompanied by the prescription label.
2. All medication must be accompanied by this dated medication authorization form signed by the parent / legal guardian.
3. Please include instructions for over the counter medications.
4. **Prescription medication will be given as directed on the label.**
5. If there has been a change in the dosage, please send a note from the camper’s doctor reflecting the change.

List all medications your child will be taking while at camp. **Prescriptions will be given as directed on the label.**

Medication	Dosage	Time to be given	Special instructions	For camp staff use, please do not write here					