



**PARTICIPANT WAIVER, INDEMNIFICATION, AND MEDICAL
AUTHORIZATION THE TEXAS A&M UNIVERSITY SYSTEM**

I, _____, understand that the East Texas Youth Beef Camp, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by East Texas Youth Beef camp, some bodily injuries may occur. Specific risks/hazards involved in the East Texas Youth Beef Camp 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 East Texas Youth Beef Camp, which is sponsored by Texas Agri-Life Extension Service, a component member of The Texas Agri-Life System, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, East Texas Youth Beef Camp, Texas Agri-Life Extension Service, The Texas A&M University 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 4-H Camp 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. I understand East Texas Youth Beef Camp and Texas Cooperative Extension are separate legal entities.

2. I am fully aware that there are inherent risks involved with East Texas Youth Beef Camp 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 on page 2 below.** I consent to the information on this form being shared with the 4-H Camp Advisors, Director Staff, and the 4-H Camp Co-Chairs.

CAMP 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 East Texas Youth Beef Camp 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.