



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

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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 Cooperative Extension, a component member of The Texas Cooperative Extension 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 Cooperative Extension, 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)

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PRINT PARENT OR LEGAL GUARDIAN NAME

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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.