

# Waiver and Indemnification Agreement and Medical Treatment Authorization

I \_\_\_\_\_ understand that The Hunting Retriever Club, Inc. Youth Hunter Camp, of which I plan to be a participant or volunteer, involves certain risks and that regardless of the precautions taken by HRC, Inc, The Texas 4-H Conference Center, sponsors, chaperones, and other volunteers, some bodily injuries may occur. Specific risks/hazards involved in the Youth Hunter Camp included 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 Youth Hunter Camp, which is sponsored by The Hunting Retriever Club, Inc., I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, The Hunting Retriever Club, Inc., Texas 4-H Conference Center, Texas AgriLife Extension Service, The Texas A & M 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 Texas 4-H Conference Center 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.
2. I am fully aware that there are inherent risks involved with Youth Hunter 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 fee 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 the 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 (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 representatives, 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) year of age or older and am otherwise competent to execute this agreement. If this participant is younger than 18 then his/her parent or legal guardian must sign where indicated below. I consent to the information on this form being shared with the Hunting Retriever Club, Inc. and the staff of the Texas 4-H Conference Center.

Camp Participant/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ UIN or SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

I am the parent or legal guardian of the Youth Hunter 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:

\_\_\_\_\_

I am the adult participant indicated above, who is over the age of 18. I agree to all the terms contained in this Waiver.

Signature

\_\_\_\_\_

Print Name:

\_\_\_\_\_

**MINOR CONSENT TO PARTICIPATE**

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, or canoeing** scheduled as part of the HRC Youth Hunter Camp to be conducted at the Texas 4-H Conference Center, 5600 FM 3021 Brownwood, Texas 76801: Phone (325) 784-5483. Activities include dog training, shot gunning, riflery, archery, games, crafts, and environmental education. Children and adults will be attending training sessions 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 HRC Youth Hunter Camp at the Texas 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 ability. An approved swimming skill level test will also be required before said minor child can participate in the canoeing, kayaking, and/or sailing program. Participants will be required to wear personal floatation devices at all times during participation in canoeing, kayaking, and/or sailing activities.

\_\_\_\_ YES

\_\_\_\_ NO

**Media Release:** In the event that photographs, slides, or video tapes are made of said minor child, I/we consent to the release of those photographs, slides and video tapes for use in promoting the HRC Youth Hunter Program.

\_\_\_\_ 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

Further, I/we do hereby authorize the Hunting Retriever Club, Inc. and the Texas 4-H Center to release said minor child to the following person/people at the conclusion of the activity (List all persons, including parents):

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

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

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

Signature of Parent or Guardian:

Date:

\_\_\_\_\_

\_\_\_\_\_

# HEALTH STATEMENT

Check one: \_\_\_\_\_ Youth \_\_\_\_\_ Adult

Event: HRC Youth Hunter Camp Event Date(s): \_\_\_\_\_ -

The proposed activity provided by the Hunting Retriever Club, Inc. and 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 diseases. 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 1. Participant Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender : \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SS. # \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

## Section 2. Emergency Contact Information

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
City, St, Zip \_\_\_\_\_ Cell Ph: \_\_\_\_\_

## Section 3 Health History (circle 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 release from a physician.)**

Do you often feel faint or have spells of severe dizziness: \_\_\_\_\_ YES NO

Has a doctor ever told you that you 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 exercises: \_\_\_\_\_ 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 medicines, 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

## Section 4. Medications

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

## Section 5. Insurance Information

Do you carry family medical/hospital insurance? YES NO

Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

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

## Representation

**This health history is correct so far as I know, and I believe that my health is satisfactory to participate in HRC Youth Hunter Camp/Texas 4-H Conference Center activities. I also understand and agree to abide by any restrictions placed on my activities.**

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

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_