

Bastrop-Caldwell County 4-H Summer Series!



Science, Engineering, Technology (S.E.T)

July 3, 2012

County Extension Office

Come enjoy a day of fun learning about the S.E.T. project in 4-H. We'll have a full day of fun and whacky experiments lined out!



Outdoor Challenge Day

July 10, 2012

Zedler Mill Luling

Come enjoy a day of learning about the Outdoor Challenge project. The day will include camping, archery, and ending with a kayak or canoe trip on the San Marcos river!

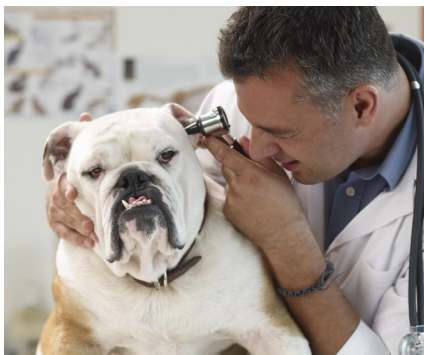


Agriculture Day

July 17, 2012

County Extension Office

A day of learning about the ag industry, including animals! Also learn about gardening, fruits and vegetables and lots of things related to agriculture!



Veterinary Sciences

July 24, 2012

County Extension Office

We'll have a local veterinarian to talk about large animals, small animals, livestock, and pets! Come learn about the Vet Science project in 4-H!



Food & Nutrition

July 31, 2012

County Extension Office

Come enjoy a day of learning about baking, cooking, and decorating! We'll have a full day planned that will revolve around food!



Photography

August 7, 2012

Caldwell County Courthouse

A day in beautiful downtown Lockhart exploring photography. You'll learn about angles, lighting, and the fun in taking photographs!

Contact the Caldwell County Extension Office for more information and to register!
Caldwell@ag.tamu.edu 512-398-3122

Each day will meet at 8:30 am at the location listed, and the day will kick off at 9:00 am. We ask that all kids are picked up between 4:30 and 5:00 pm. Everyone will need to bring a sack lunch for all sessions except the Food & Nutrition session.

Educational programs of the Texas AgriLife Extension Service are open to all people without regard to socioeconomic level, race, color, sex, disability, religion, age, or national origin.

Bastrop-Caldwell County 4-H Summer Series!

We are pleased to announce the first ever Caldwell County 4-H Summer Series Program. Every Tuesday in July and the first Tuesday of August we will be hosting a very hands on and fun workshop that spotlights a variety of 4-H projects. Look on the following page for more descriptions for each workshop

Each workshop is limited to 25 kids. Registration for 4-H members will begin May 1st and end on May 31st. Afterwards, registration will be open to all youth in and around Caldwell County!

Cost for 4-H members is \$60 to sign up for all classes, \$15 dollars for an individual class, or \$35 if you are only going to do the Outdoor Challenge day. Cost for non 4-H members is \$75 for all classes, \$25 for individual classes, and \$50 for only the Outdoor Challenge Day.

Please complete the attached registration forms and return to the Bastrop County Extension Office to complete your registration! Registration will be considered first come, first serve, and is considered complete once all your forms (registration page, waiver & indemnification, health statement) and payment (cash, check, or money order) has been received in the county office. Please make checks payable to **Caldwell 4-H Council**.

Name: _____

Age: _____ Club: _____

Please check the following sessions that you are planning to attend:

_____ Science, Engineering, Technology (S.E.T) - July 3rd

_____ Outdoor Challenge Day - July 10th

_____ Agriculture Day - July 17th

_____ Vet Science Day - July 24th

_____ Food & Nutrition Day - July 31st

_____ Photography Day - August 7th

4-H Member prices:

\$60 for all six sessions

\$15 for individual sessions

\$35 for only Outdoor Challenge Day

Non 4-H Member prices:

\$75 for all six sessions

\$25 for individual sessions

\$50 for only Outdoor Challenge Day

Cost are to cover the expense of supplies for each days activities and additional insurance.

Payment:

_____ Cash _____ Check # _____ _____ Money Order

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PARTICIPANT NAME _____ County _____

Bastrop-Caldwell County 4-H Summer Series

RELEASE FORMS

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **Bastrop-Caldwell County 4-H Summer Series** (herein referred to as "camp"), which is sponsored by **Texas 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 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 Caldwell County 4-H Summer Series, 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: _____

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)

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: _____

Bastrop-Caldwell County 4-H Summer Series
HEALTH STATEMENT

Check one: ☐ Youth ☐ Adult
Event date(s): July 3 - August 7, 2012

County _____

The proposed activity provided by the Caldwell County 4-H Summer Series, 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 _____	Physician's Phone _____
Home Ph _____	Date of last physical exam _____

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

Name _____	Home Ph _____
Address _____	Work Ph _____
City, State, Zip _____	Cell Ph _____

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

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

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 "over the counter" medications which camp personnel may administer as necessary:

____ Immodium ____ Pepto Bismol ____ Ibuprofen (Motrin) ____ Acetaminophen (Tylenol)

____ Neosporin ____ Benadryl ____ Calamine/Caladryl ____ Any as needed

Signature of Parent/Guardian: _____ Date: _____