



Junior Master Gardener®

growing good kidsSM

REGISTRATION FORM

Name _____

Address _____

Phone #s Home _____ Cell _____

Age _____ Grade _____ School _____

Allergies Food _____ Other _____

EMERGENCY CONTACTS

1. _____ Relation _____ Phone# _____

2. _____ Relation _____ Phone# _____

Contact Email _____

Parent/Guardian

Printed Name

Date

Signature



Texas A&M Agrilife Extension provide equal opportunities in its programs and employment to all persons, regardless of race, color, sex orientation, national origin, disability, age, genetic information, sexual orientation, gender identity. The Texas A&M University System, U.S. Department of Agriculture and the Count Commissioners Courts of Texas Cooperating.

Office use Payment _____ Date _____ Ck Cash CC (Check appropriate box)

Scholarships are available upon request. _____

Additional donations are always appreciated. Amount _____ Date _____ Ck Cash CC

2025-2026 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

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/member has medical insurance, please indicate: _____

Insurance Company: _____ **Policy Number:** _____

Name of Primary Policy Holder: _____

Please list any special service the participant/member may require: _____

PARTICIPANT SECTION - ADULT OR YOUTH

The participant signature information below is required:

SIGNED this _____ day of _____, 20____

Date Month Year

Participant Signature: _____

Participant Printed Name: _____

Participant Date of Birth: _____

PARENT/GUARDIAN SECTION

If the participant above is under age 18, there should be consent by a parent or guardian, as follows:

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Printed Name: _____

**TEXAS 4-H YOUTH DEVELOPMENT FORM
MEDIA/PHOTOGRAPH RELEASE
2025-2026**



**PRAIRIE VIEW
A&M UNIVERSITY**
COLLEGE OF AGRICULTURE
AND HUMAN SCIENCES

Cooperative Extension Program

Revised: 7/2025

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and/or Prairie View Cooperative Extension Program and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization, including claims arising from agencies negligences.

MEMBER/PARTICIPANT SECTION - ADULT OR YOUTH		
Member/Participant Printed Name	County	District
Member/Participant Signature	Street Address	
Date	City/State/Zip Code	
PARENT/GUARDIAN SECTION		
If the member/participant above is under age 18, there should be consent by a parent or guardian, as follows:		
<p><i>I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.</i></p>		
<hr/> Parent/Guardian Printed Name		
<hr/> Parent/Guardian Signature		
<hr/> Date		

TEXAS 4-H YOUTH DEVELOPMENT FORM HSS - HEALTH AND SAFETY STATEMENT 2025-2026



Revised: 6/2025

Check One: Youth Adult
 County: _____ District: _____
 Event: _____ Event Dates: _____

Section I. Participant Information

First Name: _____ Gender: Female Male
 Last Name: _____ Date of Birth: ____/____/____ Age: ____
 Address: _____ Name of Physician: _____
 City, State, Zip: _____ Physician's Number: _____
 Phone Number: (____) ____-____ Date of last physical exam: _____

Section II. Emergency Contact Information

Contact Name #1: _____ Relationship: _____ Contact Name #1: _____ Relationship: _____
 Phone Numbers: (____) ____-____ (____) ____-____ Phone Numbers: (____) ____-____ (____) ____-____
 Address: _____ Address: _____

Section III. Health History (Check the appropriate answer; if YES, use space to the right to provide additional information)

Have you had any operations or injuries that impede participation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are there any activities to be limited/discouraged by a physician's advice?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Have you had or do you currently have any heart problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you require any accommodation to participate in scheduled activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have any chronic recurring illness or communicable diseases?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you allergic to any medications, food or food ingredients, insects, or pollens?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you require an inhaler, epinephrine injector, or other item that you keep at all times?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have a medically prescribed meal plan or dietary restrictions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have Epilepsy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
List any other health related information:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

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

Are there prescribed or over-the-counter medications currently being taken? No Yes
 If yes, please describe: _____

Section V. Insurance Information – Please provide a copy of your insurance card.

Do you carry family medical/hospital insurance? No Yes
 Carrier: _____ Policy: _____

Section VI. Release of Participant (If minor) at conclusion of activity/camp/event/program

I/We do hereby authorize release of said minor child to the following person/people: (please list all persons, including parents)

 Further, I/We require that said minor child NOT be released to the following person/people:

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 Certification
Printed Name: _____
Signature: _____
Date: _____

Parent/Guardian Certification (only if participant is under the age of 18)
Printed Name: _____
Signature: _____
Date: _____

Programs with multiple dates/sessions. I certify this information is correct.

Date: _____ Initial: _____ Date: _____ Initial: _____