

# Authorization for Medical Care and Recognition and Assumption of Risk Agreement



This authorization covers \_\_\_\_\_ during his/her travel to and participation in 2009 Electric Camp. This activity covers the period July 27 - 31, 2009.

I, the undersigned parent/legal guardian of the above mentioned 4-H member, authorize said child's participation in 2009 Electric Camp. It is my understanding that participation in the activities that make up 2009 Electric Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in 2009 Electric Camp, I hereby release, waive, discharge, and covenant not to sue High Plains 4-H Electric Camp, Xcel Energy, Inc., the Texas 4-H & Youth Development Program, Texas AgriLife Extension Service, Texas A&M University, the Texas A&M University System, the State of Texas, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by American Income Life, if any, will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost. In case of sudden illness or accident to the above mentioned participant requiring immediate treatment or surgery while en route to this activity, while there as a participant, and/or while returning from the event, I authorize Texas AgriLife Extension Service personnel serving as chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the participant. This authority extends to any physician or surgeon selected by the chaperone(s) to perform medical or surgical procedures necessary to preserve the life or well-being of the above named participant. The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the named person.

Additionally, we the undersigned release the above mentioned minor's name and any photographs or video to be used in 4-H promotion or advancement of the Texas 4-H & Youth Development Program as deemed necessary by management.

The participant has the following health conditions (including such things as handicaps, diabetes, asthma, allergies and medications needed).

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

Name of Primary Insurance Company: \_\_\_\_\_

Policy Number of Primary Insurance: \_\_\_\_\_

The following are means of contacting a family member of this participant:

1. Telephone contact for a parent or guardian

Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

2. Telephone contact for a neighbor or relative who could locate the participant's parents or guardian

Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Further, I/We do hereby authorize the South Plains Electric Camp to release said minor child to the following person/people at the conclusion of the activity:

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

Further, I/We require that said child not be released to the following person/people at the conclusion of the activity.

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

Youth's

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_