WAVIER AND RELEASE OF CLAIMS INCLUDING AUTHORIZATION FOR MEDICAL CARE

ThisThis authorization covers _____during his/her travel to andThis authorization covers
2003 Texas 4-H Shooting Sports Games. This activity covers the period 15 July 2003 through 21 July 2003.

I,I, the undersigned parent/legalI, the undersigned parent/legal guardianI, the undersigned parent/legal guardian of the above mentioned 4-H mem
ShootingShooting Sports Games. It is my understanding that participation in the actShooting Sports Games. It is my understanding that
inherentinherent risk of injury. As such, in consideration of my child's participation in these matches, I heinherent risk of injury. As such, i
covenantcovenant not to sue the leadership or sponsors of the Texas 4-H Shooting Sports Games, the Texascovenant not to sue the leadership or s
TexasTexas Cooperative Extension, Texas A&MTexas Cooperative Extension, Texas A&M University, the Texas A&M University System, the
Regents,Regents, the State of Texas, their officers, servants, agents,Regents, the State of Texas, their officers, servants, agents, or employees from
ofof action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by myof action whatsoever a
causedcaused by thecaused by the negligence of the releasee, or otherwise while participating in such activity, or while in, on, or upon thecaused by
activity is being conducted.

II also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I alI also agree to follow all instruction
insurance policy carried by American Incomeinsurance policy carried by American Income Life, if any, will provide only minimum coverage and
covered in the event of a serious accident.

II alsoI also give my permission for any emergencyI also give my permission for any emergency medical care or treatment by a physician, surgeon,
bebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of s
immediateimmediate treimmediate treatmenimmediate treatment or surgery while en route to this activity, while there as a participant, and/
authorizeauthorize Texas Agricultural Extension Service personnel serving asauthorize Texas Agricultural Extension Service personnel serving a
healthhealth and physical well-being of the participant. This authority extends to any physician or surgeon selected bhealth and physical we
performperform medical or surgical procedures necessary to preserve the life or wellperform medical or surgical procedures necessary to
information is provided as an aid to the chaperone(s) in dealing with the well-being of the named person.

The participant hasThe participant has the following health conditions (including such things as disabilities (special needs), diabetes, asthma, all
medications needed).

_____

_____

_____

_____

Name of Primary Insurance Company: _____ Policy Number: _____

Insurance Company Phone Number: (_____)_____

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

1. Telephone Contacts for Parent / Guardian:

Home: (_____)_____ Business / Alternate: (_____)_____

2. Telephone for neighbor / relative who could locate participant s parents or guardian:

Home: (_____)_____ Business / Alterative: (_____)_____

Date: _____ Signature of Parent of Guardian _____