

Lone Wolf 4-H Archery Tournament

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE: In consideration for receiving permission for _____'s participation in any and all activities sponsored by the **Lone Wolf 4-H** held at Lake Colorado City State Park Colorado City, TX (herein referred to as "sponsors"). I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the sponsors, Texas Parks and Wildlife, Lake Colorado City State Park, 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, City of Colorado City, and their members, officer, 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 this activity, including but not limited to errand projectile, faulty cartridges, target pieces, ricochets, venomous snakes, insects and arachnids, as well as moving vehicles, and I choose to voluntarily participate/allow my child to participate in such activity with full knowledge that the activity may be hazardous to me, my child and my property and to the person or property of others. I acknowledge that there may e 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, or those 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 nay circumstance arising from my/my child's participation in this activity or any event relate to that participation. As such, I am aware that I should review my personal insurance coverage. Organization my 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 organization, 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 member 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 EXPRESES, 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 too indemnify and indemnify and hold harmless INDEMNITEES for nay costs incurred to treat me/my child, even if an INDEMNITEES has signed hospital documentation promising to pay for the treatment due to my inability to sign 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, demand, 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 see medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sold, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to the injuries caused by intentional or grossly negligent conduct.

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 int this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, and and in the future. I understand I can choose not to sign this document and fee myself and my child from its terms and the associated risks of the activity by further understand this a 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.

Participant Signature _____

Participant Printed Name _____

If participant is 17 years old or younger:

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

In case of emergency, contact _____

or _____

or _____

If the participant has medical insurance, please indicate:

Insurance Company _____

Name of Primary Policy Holder _____

Date _____

Participant Date of Birth _____

Date _____

Phone _____

Phone _____

Phone _____

Policy Number _____