

Explore 4-H FCH Projects an Overnight Workshop

OCT. 1ST - 2ND, 2021 FRIDAY 6 PM - SAT. 10 AM

Get Cooking,
Get Creative,
Get Confident
in FCH Projects!

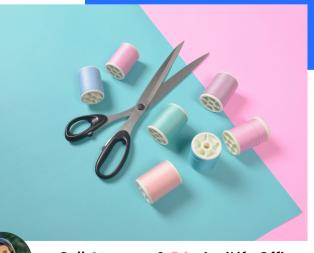
A Duo County Collaboration: Atascosa & Frio

FREE VORKSHOP

Explore a FCH Project!

You will participate in various hands-on activities, learn new skills, and leave confident to lead and participate in a new project.





Call Atascosa & Frio AgriLife Offices

Atascosa: (830) 569-0034 Frio: (830) 334-0099

4-Hers will need to:

- RSVP by Sept. 21st
- Sign a Wavier
- Bring an Overnight Bag (See Pg. 2)

ONLY 14 SPOTS! RSVP SEPT. 6TH - 21ST



Frio: CEA - FCH

Explore 4-H FCH Projects an Overnight Workshop

OCT. 1ST - 2ND, 2021 FRIDAY 6 PM - SAT. 10 AM

A Duo County Collaboration: Atascosa & Frio

What you need to pack....

- Toothbrush & toothpaste
- Hand towel/wash cloth
 - Optional: Face Soap
- Sleeping bag or Air Mattress

Pillow & Blanket



Optional:
May bring a
camera or
smartphone for
photography
activity...



Meals & Materials will provided at the overnighter!

Location:

AgriLife Ext. Atascosa Co. Office 25 E Fifth St

Leming, TX 78050

Page 2

ONLY 14 SPOTS! RSVP SEPT. 6TH - 21ST *In a secure gated facility*









(830) 334-0099

Dru Benavides Atascosa County Ext. Agent - FCH (830) 569-0034

EVENT: _Explore 4-H FCH Overnighter	(Date:_10/1-2/2021)
DROGRAM WAIVER INDEMNIEICATION AND MEDICA	AL TREATMENT ALITHORIZATION FORM

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 all events and activities, 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.

conduct.

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. Organization 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 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.

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.

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 INDEMNITEES 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.

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 and 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.

Participant Signature	Date
Participant Printed Name	Participant Date of Birth
If participant is 18 years old or younger:	
Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Printed Name	
In case of emergency, contact:	Phone
or	Phone
or	Phone
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:	