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**Participation Agreement**

**Texas 4-H Veterinary Science Certificate Program**

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered **before** signing this document.

In consideration of my participation in the 4-H Veterinary Science Certificate Program, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its officers, agents, and employees, as well as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from and against any and all claims, demands, action or causes of action for costs, expenses, or damages to personal property or personal injury, or death, which may result from my participation in this program.

I understand and admit that my participation in the 4-H Veterinary Science Certificate Program is a voluntary educational opportunity. I assume full responsibility for any injuries or damages resulting from my participation in this program. I assume responsibility for using reasonable judgment in all phases of participation of the program including travel to and from participation locations. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

**Furthermore, all parties acknowledge that this activity is exempt from the Texas Labor Code and is not “employment”** as defined and covered by the Texas Labor Code, since I am a “trainee” and no services are “performed by an individual for wages or under an expressed or implied contract for hire” as defined by Texas Labor Code Section 201.041.

I acknowledge that I have read and understand this entire agreement, and I agree to be legally bound by it.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Name |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness’ Signature |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian if Participant is Under 18 years of Age |