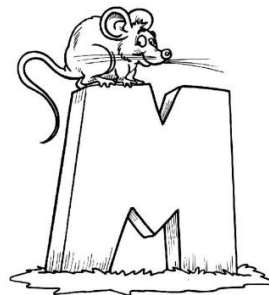




Bell County 4-H



Bell County Expo Center

August 1 – 3, 2017

Grades 6 – 12

For more information and to register, please contact
the Bell County Extension Office at (254) 933-5305.

Schedule of Events

August 1st

- 8:00AM – 9:00AM – Registration/Team Assignments
- 9:00AM – 9:30AM – Opening Speaker
- 9:30AM – 11:30AM – Team Building Games
- 11:30AM – 12:00PM – LUNCH
- 12:00PM – 3:30PM – Skill Rotations
- 3:30PM – 4:00PM – Quiz Bowl
- 4:00PM – Dismissal

August 2nd

- 9:00AM – 9:30AM – Team Building
- 9:30AM – 11:30AM – Possible Surgery Demonstration and Q&A with Veterinarian
- 11:30AM – 12:00PM – LUNCH
- 12:00PM – 3:30PM – LAB Rotations (Fecals, Urinalysis, Etc)
- 3:30PM – 4:00PM – Quiz Bowl
- 4:00PM – Dismissal

August 3rd

- 9:00AM – 9:30AM – Team Building
- 9:30AM – 12:30PM – Rotation of Veterinarian Demonstrations
- 12:30PM – 1:00PM – LUNCH
- 1:00PM – 2:00PM – Final Quiz Bowl
- 2:00PM – 2:30PM – Closing Speaker
- 2:30PM – 3:30PM – Awards and Slide Show
- 3:30PM – 4:00PM – Clean Up
- 4:00PM – Dismissal
- 4:00PM – 6:00PM – Vet Science Carnival



Bell County 4-H

Veterinary Science Camp

Bell County Expo Center

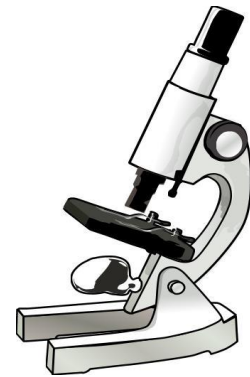
Aug 1-3 2017

Registration is \$10 for 4-H members! Not in 4-H? Join Bell County 4-H for \$25.

Registration includes all camp materials, a t-shirt, and lunches each day.

Please call the Bell County Extension Office: (254) 933-5305
or Stacey Winters: (254) 913-3570 for more information.

Return this completed form to the Bell County Extension Office at
1605 N Main Street, room 102 in Belton, Texas 76513 by July 21st.
The camp will be limited to the first 50 youth to sign up!



August 1, 2017	
Registration	8:00AM – 9:00AM
Camp	9:00AM – 4:00PM
August 2, 2017	
Camp	9:00AM – 4:00PM
August 3, 2017	
Camp	9:00AM – 4:00PM

Participant Name _____

Gender: Female ____ Male ____ Age ____ DOB ____/____/____

Address _____

City _____ State _____ Zip code _____

Phone (____) _____

Email _____

Adult T-Shirt Size _____

Name to be printed on badge (if different than above) _____

-----Office use only -----

Cash _____ or Check Number _____

Date Received _____ Application Number _____

CAMP & ENRICHMENT PROGRAM WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Texas 4-H (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, and their members, officers, 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 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.

3. 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.

4. 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.

5. 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.

6. 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: _____

Bell County 4-H Veterinary Science Camp Event Rules:

The Bell County 4-H Veterinary Science Camp is an educational event, which means that there is an expectation that all of the participants will dress and behave appropriately. Please keep in mind that you will be representing yourself, your family and Bell County 4-H Youth Program.

Positive behavior is a key expectation for youth and adults in 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to follow all the workshops and event guidelines. **Theft, vandalism, the use of illegal drugs and alcohol, inappropriate or threatening behavior that violates the rights of others and other such offenses are strictly prohibited, and anyone involved with these offenses will immediately be sent home at his or her own expense.** Youth participants are not permitted to use tobacco in any form. If it is determined by 4-H staff or person in charge of the activity that the offense warrants it, the offender will be turned over to the proper authorities.

All youth and adult participants should:

- Actively involve themselves in all the sessions and attend the entire event.
- Wear name badges so that they are visible at all times.
- Treat all areas of the camp facility with respect. This means they should pick up after themselves.
- Be responsible for your own belongings. Valuables, such as expensive jewelry and electronic devices, should be left at home. 4-H Youth Development is not responsible for any lost or missing items.
- Handle all animals and equipment with care. Practice patience while working with live animals.
- Not leave the program grounds except for field trips arranged as part of the program under the supervision of staff.
- Report accidents immediately to the program coordinator.

Dress:

- Participants should dress appropriate for the itinerary. Unacceptable attire includes clothing that:
 - Exposes undergarments or excessively exposes the body (such as cropped, low-cut or extremely tight shirts, tube tops, short-shorts, excessively baggy or extreme low-rise pants).
 - Conveys a violent, offensive, obscene message or image.
 - Promotes use of an illegal substance.
- Shirts and shoes must be worn in eating areas.
- **Daytime:** Closed toed shoes and pants are required during all daytime activities. Appropriate clothing is required at all times including when working with animals. Appropriate length shorts are an acceptable form of pants.

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

_____ Signature-Parent or Guardian _____ Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication
 Returned to Child's Parent/Guardian Thrown Away Date: _____