HEALTHY TEXAS
Y·O·U·T·H
AMBASSADORS

2021 INFORMATION 2022 HANDBOOK

PROGRAM PURPOSE

The Healthy Texas Youth Ambassador Program aims to develop youth healthy lifestyle leaders to serve as a source of outreach in communities and schools throughout Texas.

More specifically, the purpose is to:

- Assist County Extension Agents in providing leadership to the youth components of Healthy Texas, Texas 4-H, and Texas A&M AgriLife Extension Service
- Serve as a leader to implement health programs and lessons in local schools and communities
- Become knowledgeable and skilled in the healthy lifestyles subject matter
- Assist with and coordinate educational events that will encourage better health in communities.
- Be a role model for healthy living!

For more information please contact your local county extension agent or visit the website below.

https://healthytexas.tamu.edu/youth-ambassadors/

APPLICATION CHECKLIST

All applications must be completed online on or before:

May 1, 2021

Use the following checklist to ensure your application is submitted correctly.

STEP 1

Do you meet all requirements?
· at least 9th grade
· submit application by deadline
· join Texas 4-H

STEP 2

Did you read, understand and agree to abide by all guidelines set forth in the ambassador handbook?

STEP 3

Did you receive your application confirmation email?

APPLY HERE:

https://agrilife.az1.qualtrics.com/jfe/form/SV_3RisvLKymQZoPps

2021 **ELIGIBILITY**
2022 **REQUIREMENTS**

The number of youth selected each term to serve as Ambassadors is determined by the County Extension Agent who supervises the Ambassador Program. The number is based upon need, program demands, term goals for the Ambassadors, and the number of eligible applicants.

Healthy Texas Youth Ambassadors must meet certain requirements to be considered for selection as an Ambassador. The requirements are as follows:

- Be in at least the 9th grade at beginning of the 2021-2022 school year
- Submit completed application online by May 1, 2021
- Applicants do not have to be a current member of Texas 4-H, but must agree to become a 4-H member ($25 annual membership fee due September 1, 2021) if selected to participate in the HTYA program

2021 **MEMBER**
2022 **REQUIREMENTS**

Those selected as a *Healthy Texas Youth Ambassador* **must** fulfill the following obligations.
Failure to do so may result in dismissal from the program.

- Attend a Regional *Healthy Texas Youth Ambassador* Summit. All fees related to this training will be the responsibility of the *Healthy Texas Youth Ambassador* and/or county program.
- Complete and report 40 hours of leadership, program efforts, or community service annually.
- Attend continuing education trainings offered face-to-face and/or online.
- Develop valuable leadership and communication skills while educating others.
- Maintain a positive attitude and represent Texas A&M AgriLife Extension, Texas 4-H, and the Healthy Texas Youth Ambassador program in a positive manner at all times.
- Complete all commitments with excellence.
- Ambassadorship is a 12-month commitment, beginning June 2021. Ambassadors who fulfill the minimum (40) hours of service will be invited to reapply for the following year.
- Attend all *Healthy Texas Youth Ambassador* meetings at the county, district, or regional level.
- Organize at least one community health event during the year with the local *Healthy Texas Youth Ambassador* team and County Extension Agent.

2021 ATTENDANCE
2022 EXPECTATIONS

Healthy Texas Youth Ambassadors must make every effort possible to attend all activities and meetings. If attendance is not possible, notice must be given to the County Extension Agent in charge, in advance, at which time agent(s) will determine if it is an excused absence. Attendance at the regional *Healthy Texas Youth Ambassador* summit **is not** optional.

Attendance will be kept for all events/meetings. **Members must attend ALL required meetings and events. Members who miss 3 or more required meetings and/or events will be automatically removed from the Ambassador program.** After the second absence, you will be notified to advise you regarding the (3) Required Event Absence Rule. Upon the third and final absence, the member will be automatically removed from the program and will receive a dismissal letter.

2021 REGIONAL
2022 SUMMITS

East Region July 22, 2021	**Southeast Region** July 21, 2021	**West Region** June 30, 2021
North Region July 26, 2021	**Central Region** July 16, 2021	**South Region** July 20, 2021

2021 PROGRAM
2022 CHANGES

If necessary, changes may be made at any time to guidelines, requirements, or any other item related to *Healthy Texas Youth Ambassador* Program by statewide *Healthy Texas Youth Ambassador* Coordinator.

Online Application link:

https://agrilife.az1.qualtrics.com/jfe/form/SV_3RisvLKymQZoPps

2020 - 2021 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

HEALTHY TEXAS YOUTH AMBASSADOR PROGRAM | JUNE 2020 - MAY 2021

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

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("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 while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me 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 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, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does 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 sponsor, a governmental unit of the State of Texas, 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 associated with this activity 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 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, 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, 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 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, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

6. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.

7. 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. **For youth engaging in extracurricular activities**: I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this _____ day of _____ , 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

In case of emergency, contact _____

at the following number _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Primary Policy Holder Relationship to Participant: _____

Participants Primary Care Physician: _____

Participants Primary Care Physician Phone: _____

GENERAL HEALTH INFORMATION
My child's allergies, physical or medical conditions, and current medication(s) are as follows: _____

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: Date: