Texas 4-H

Programs for Minors

Texas A&M System Regulation 24.01.06

Item: Background Checks – must be completed on all employees annually and adult (age 18 and older) volunteers every three years. Employee background checks are completed by Texas A&M Human Resources. Volunteers complete through 4-H Connect online registration. Program Managers are responsible for verifying date of background check and maintaining documentation for two years.

Item: Child Protection Training – All employees and adult (age 18 an older) volunteers must complete Child Protection Training every two years and prior to the start of a program for minors. Employees complete training in TrainTrac. Volunteers complete training through 4-H Connect. Program Managers are responsible for verifying completion date of training and maintaining documentation for two years.

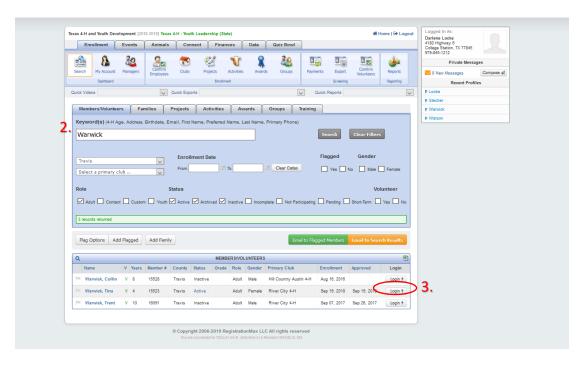
Item: Waiver, indemnification and medical treatment authorization forms collected prior to the start of the event. Documentation maintained for three years.

Instructions to download documentation from 4-H Connect

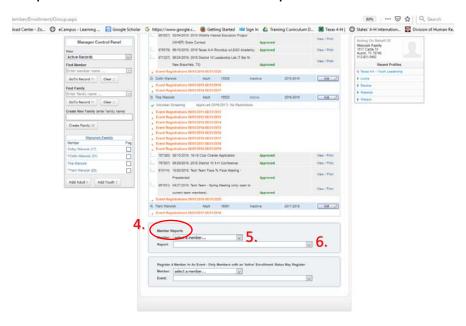
Step 1 – login to 4-H Connect

Step 2 – Under Enrollment Tab, enter name of volunteer or youth in the Keyword(s) box, select county from dropdown menu and *SEARCH*

Step 3 – Beside name click on *Login*



Step 4 – scroll down to Member Reports

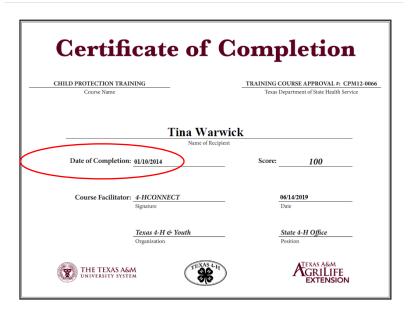


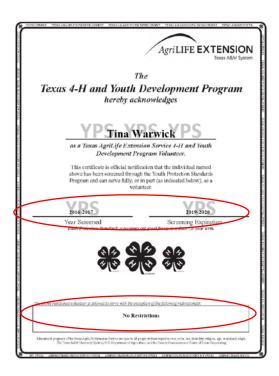
Step 5 – Select member from *Member:* drop down menu

Step 6 – Select a report from *Report:* drop down menu (click on any of the reports below and the report/certificate will appear

- Child Protection Certificate note the Date of Completion, must be within two years of the start of a program for minors
- ➤ Volunteer Screening Certificate note the Year Screened and the Screening Expiration, must be within three years of the start of a program for minors

➤ Health Form — Waiver, Indemnification, Authorization for Medical Care, Emergency Contact (IF completed AND signed)





Member - Health Form 4-H Year: 2019-2020

Joe 4-H Mer	nber	Gonz	zales	abc.email@def.com
Name		County		Family Email
First Name	Joe		Middle Name	
Last Name	Member		Mailing Address	My House
City	City		State	TX
Zip Code	12345		Birth Date	00/00/0000
Gender	☐ Male	✓ Female	Primary Phone	555-555-5555
Cell Phone	555-555-5555		Grade	00
Parent / Gua	ardian 1			
First Name	Mr.		Last Name	Member
Cell Phone	555-555-5555		Work Phone	
Work Extension				
Parent / Gua	ardian 2			
First Name	Mrs.		Last Name	Member
Cell Phone	555-555-5555		Work Phone	
Work Extension				
Second Hou	sehold			
Family Name			First Names	
Primary Phone				
Emergency	Contact			
Name	Mr. Member		Phone	555-555-5555
Email			Relationship	Father
Health Ques	stions			
		ROGRAM EVENTS AND	ACTIVITIES	

Member - Health Form 4-H Year: 2019-2020

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM1. 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 (&Idquo;RELEASEES" or &Idquo;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	08/22/2019	Participant Signature (Please type name)	Joe 4-H Member
Participants Date of Birth	00/00/2000	Parent or Legal Guardian Signature: (If participant is under 18 years old)	Mr. Member
Parent or Legal Guardian Printed Name: (If participant is under 18 years old)	(Mr. Member)		
EMERGENCY CONTACT			
In case of emergency, contact	Mr. Member	at the following number	555-555-5555
IF THE PARTICIPANT HAS	MEDICAL INSURANCE, PLEASE IN	IDICATE:	
Insurance Company	Insurance Company name	Policy/Group Number	
Name of Primary Policy Holder		Primary Policy Holder Relationship to Participant	
Participants Primary Care Physician		Participants Primary Care Physician Phone	
GENERAL HEALTH INFOR	MATION		
My child's allergies, physical or medical conditions, and current medication(s) are as follows:			

Member - Health Form 4-H Year: 2019-2020

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: Mr. Member

Date:

08/22/2019

Printed: 10/24/2019 9:56:01 AM Printed By: Member Page 3 of 3