

"CELEBRATE THE POSSIBILITIES" SPECIAL NEEDS LIVESTOCK SHOW



September 9th, 2017

9am-12pm

Myers Park, McKinney



Event Schedule:

8:30 am- Volunteer Check-in
9:00 am - Group 1 Check-in
10:30 am – Group 2 Check-in

- Collin County 4-H and FFA members are offering an opportunity for special needs children ages 5-18 to participate in a livestock show
- Participants will have the opportunity to “Celebrate the Possibilities” by competing in a livestock show leading goats and sheep, brushing miniature horses, feeding chicks, gardening station and see pigs, rabbits, dogs and more!
- 4-H and FFA members and parents -Register to volunteer at <http://www.signupgenius.com/go/4090e45afa729a7f94-celebrate>
- The show is free to special needs children, but registration required by August 25, 2017. Please email amanda.parks@ag.tamu.edu for application or download the forms at <http://collincounty4-h.weebly.com/celebrate-the-possibilities-livestock-show.html>
- For questions contact Sarah Harris at skharris1@yahoo.com

Collin County 4-H Special Needs Livestock Participant Application

Event Name: Collin County "Celebrate The Possibilities" Special Needs Livestock Show
Event Location: Myers Park Arena - 7117 Co Rd 166, McKinney, TX 75071
Event Date: September 9, 2017

PLEASE CIRCLE ONE:

Session 1: 9:00 am – 10:00 am

Session 2: 10:30 am – 11:30 am

Participant Full Name: _____

Participant Date Of Birth: _____ Participant Gender: M / F

Participant Shirt Size: Adlt-XL/ Adlt-Lrg/Adlt-Med/Adlt SM/ Y- XL/Y-Lrg/ Y-Med/Y-S/ Y-XS

Participant Special Need/Allergy/Helpful Comments: _____

Parent/Guardian Full Name: _____

Address: _____

Cell Phone Number: _____

Email Address: _____

**Parent/Guardian is expected to remain on premises during the event. Liability Waiver Required.*

40 contestant participation maximum

Emergency Contact Information:

Full Name: _____

Relationship: _____ Phone Number: _____

Photograph Release Form

The Special Needs Livestock Show is a photographed and recorded event. Please sign the release below. Required for participation.

Signature: _____ Date: _____

I further release the Collin County 4-H Special Needs Livestock Show, its volunteers, and board of directors from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of, or connected with the information provided. I have been fully informed and understand the Collin County 4-H Special Needs Livestock Show request for my consent as described above. I understand that my consent is voluntary and may be refused or revoked at any time except to the extent that action has been taken hereon.

Submit Application By August 25, 2017 To:

Amanda Parks at 972.548.4233 or email at Amanda.parks@ag.tamu.edu

Participant Name : _____

RELEASE FORM – TEXAS 4-H 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 "***Celebrate The Possibilities Special Needs Livestock Show***" (herein referred to as SHOW), which is sponsored by ***Collin County 4-H Special Needs Livestock Show Committee, a member of the Texas 4-H and 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, Collin County 4-H Special Needs Livestock Show Team Members, Parents, Volunteers, County Agents, Agriculture Science Teachers, Board Members, Collin County Government, Myers Park Event Center, 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 participation in any and all activities at the Special Needs Livestock Show, 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 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. Sponsor 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 sponsor 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

INDEMNITIES 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 2 of 4 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/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.**

SIGNED this _____ day of , 2016

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: _____

Please list any special services your child may require: _____