

**Participant Authorization for Medical Care and  
Recognition and Assumption of Risk Agreement**

This authorization covers \_\_\_\_\_ during his/her travel to and participation in 2015 Youth Beef 706. This activity covers the period July 6, 2015 through July 7, 2015.

I, the undersigned parent/legal guardian of the above mentioned participant, authorize said child's participation in 2015 Beef 706 Youth Program. It is my understanding that participation in the activities that make up 2015 Youth Beef 706 is not without some inherent risk of injury. As such, in consideration of my child's participation in 2015 Youth Beef 706, I hereby release, waive, discharge, and covenant not to sue Beef 706 Youth, the Texas Beef Council, Texas Tech University, the Texas 4-H & Youth Development Program, the Texas A&M AgriLife Extension Service, the Texas A&M University System, the State of Texas, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost. In case of sudden illness or accident to the above mentioned participant requiring immediate treatment or surgery while en route to this activity, while there as a participant, and/or while returning from the event, I authorize Texas A&M AgriLife Extension Service personnel, Texas Tech personnel, and those serving as chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the participant. This authority extends to any physician or surgeon selected by the chaperone(s) to perform medical or surgical procedures necessary to preserve the life or well-being of the above named participant. The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the named person.

Additionally, I, the undersigned, release the above mentioned minor's name and any photographs or video to be used in promotion or advancement of the Youth Beef 706 as deemed necessary by management.

Name of Primary Insurance Company: \_\_\_\_\_

Policy Number of Primary Insurance: \_\_\_\_\_

This information also requested on Medical Information for Youth Participants form.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2015, AD

at \_\_\_\_\_.

City or Place, State

Notary Public

(Seal)

\_\_\_\_\_ County, Texas