



Youth Tours

ITINERARY

Monday, July 20, 7:30 a.m. to 4:00 p.m.

- 7:30 a.m.— Meet in Bayview Room
- 8:15 a.m.— Depart Omni Hotel
- 9:00 a.m.— Arrive at Redfish Hatchery
- 11:00 a.m.— Depart for USS Lexington
- 12:00 p.m.— Arrive at USS Lexington, lunch, and tour
- 3:30 p.m.— Depart USS Lexington
- 4:00 p.m.— Arrive back at Omni Hotel

Tuesday, July 21, 8:30 a.m. to 3:30 p.m.

- 8:30 a.m.— Meet in the Bayview Room
- 9:30 a.m.— Depart for Corpus Christi Hooks Tour and Hurricane Alley
- 10:00 a.m.— Arrive at Water Park
- 1:00 p.m.— First bus arrives for early departures for the hotel
- 2:00 p.m.— Second bus arrives for early departures for the hotel
- 3:00 p.m.— Last bus for anyone still at Hurricane Alley to return to the hotel
- 3:30 p.m.— Arrive back at Omni Hotel

2015 TCAAA

YOUTH WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

This authorization covers _____ during his/her travel and
(Name of child)
participation in the 2015 TCAAA Youth Program.

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my child's participation in any and all activities of the **TCAAA Youth Program** (herein referred to as "activity", which is sponsored **by TCAAA, Texas A&M AgriLife Extension Service or any employees or agents of these entities** (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, TCAAA, Texas A&M AgriLife Extension Service, 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 my child while participating in such activity, while traveling to and from the activity or while on the premises arranged for, 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 there are inherent risks to my child and other involved with this activity, including but not limited to all events and activities, and I choose to allow my child to participate in said activity with full knowledge that the activity may be hazardous to 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 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 my child, other participants, and third-persons as a result of 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 in INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES will not maintain any insurance policy covering any circumstance arising my child's participation in this activity or any event related to 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. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand REKEASEES cannot be expected to control all of the risks articulated in this form and RESEASEES 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 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 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 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 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 my child that has a lower level of risk to my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to my child that do not have the risks associated with this activity I still desire to voluntarily 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 _____, 2015

Parent or Legal Guardian Signature:

Parent or Legal Guardian Printed Name:

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: _____
