



Multi County 4-H Camp Letter



4-H Multi County Camp

(Concho, Llano, Mason, McCulloch, Menard, Runnels)

- Date:** June 30th – July 2nd, 2026
- Place:** Heart of Texas Bible Camp – Brady, Texas
130 PR 734 – Brady, Texas
- Registration Deadline:** No later than June 12, 2026
- Times:** Begins - Tuesday, June 30th at 3:30 pm
Ends - Thursday, July 2nd at 9:00 am (after camp cleanup)
- Cost:** \$65 per person or \$60 if more than one family
- Ages:** 4-H members for the 2025-26 4-H year and have completed 3rd – 6th grade
- What to bring:** Bed Roll or Sleeping bag
Pillow
Towels (extra for swimming)
Personal Hygiene items (soap, shampoo, toothpaste, deodorant, etc.)
Bathing Suits
Sunscreen, bug spray
Comfortable clothes and shoes
If you bring medications, they must be in original bottles with labels contained in a baggy with your name on the baggy.
- What NOT to bring:** Electronic Devices
Expensive jewelry/accessories
Axe or similar body sprays
- Dress Code:** School appropriate attire. No “Daisy Duke” shorts, halter tops, spaghetti string tops, shirts/pants that show mid-riff, or clothing/caps, etc. that advertise alcohol, tobacco products or anything else that is inappropriate. Please counsel your 4-H’ers about appropriate clothing.

Pick up forms at your extension office. Please return completed forms & waivers along with the camp fee as soon as possible. Registration for this camp is on a first come first serve basis.



Texas A&M AgriLife Extension
Mason County
PO Box 247
Mason, Texas 76856

PLEASE MAKE CHECKS PAYABLE TO YOUR COUNTY EXTENSION OFFICE

MULTI-COUNTY 4-H CAMP

June 30th - July 2nd, 2026 @ Brady's H.O.T Bible Camp
(Concho, Llano, Mason, Menard, McCulloch, & Runnels Counties)
\$65.00 per Camper

Families with more than one camper - \$60.00 per camper.
Fees waived for supervising adult leaders/agents.

Each camper must be a 4-H member that has completed a 4-H Connect registration in their County Extension Office no later than June 12, 2026. Due to space limitations, registrations are limited. Please turn registration forms and payment in to your county extension office.

Junior & Intermediate Ages
(Completed 3rd - 6th grade)

County _____ Name _____

Male _____ Female _____ Address _____

Date of Birth _____ Age _____ City _____ Zip _____

Parent or Guardian _____

Home Phone: _____ Cell Phone: _____

Relative or neighbor to be contacted in case parent or guardian cannot be contacted in any emergency:

Name _____ Phone _____ Cell _____

List Physical Limitations: _____

List Dietary Restrictions: _____

MINOR'S RELEASE

I, or we, parent(s) or guardian(s) of a minor child named _____ do hereby give consent for said minor child to participate in all activities scheduled as part of the Multi-County 4-H Camp to be conducted at the Heart of Texas Bible Camp in Brady, Texas.

_____ Yes _____ No

I hereby give my consent for media/photograph release, filming, videotaping, and/or audio recording or other means of capturing my child's image or voice and/or being quoted in the media or printed materials (including social media websites) at camp.

_____ Yes _____ No

I/We do hereby consent for said minor child to participate in organized swimming activities conducted at the Brady Municipal Swimming Pool.

_____ Yes _____ No

Signature of Parent or Guardian

Date

Please circle one size for T-shirt:

Youth Sizes: XSmall Small Medium Large XLarge

Adult Sizes: XSmall Small Medium Large XLarge

2025-2026 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

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, foreseeable criminal acts of third-parties, 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 illness, injury (including death), and damage to personal property, 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, foreseeable criminal acts of third-parties, or strict liability of INDEMNITEES.**

3. WARNING NOTICE. Under Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional or farm owner or lessee is not liable for an injury to or the death of a participant in farm animal activities, including an employee or independent contractor, resulting from the inherent risks of farm animal activities.

4. 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.

5. 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.

6. 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, foreseeable criminal acts of third-parties, or strict liability of RELEASEES.**

7. 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.

8. 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 students 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; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

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

EMERGENCY CONTACT INFORMATION		
Emergency Contact Name:	_____	
Emergency Contact Number:	_____	
PARTICIPANT INFORMATION - ADULT OR YOUTH		
SIGNED this _____ day of _____, 20 _____	Date	Month Year
Participant Signature:	_____	
Participant Printed Name:	_____	
Participant Date of Birth:	_____	
PARENT OR GUARDIAN INFORMATION		
If the participant above is under age 18, there should be consent by a parent or guardian, as follows:		
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)	_____	

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (***bolded, underlined, and italicized***) in paragraph nos. 1, 2, & 5 should not be altered by a system member.

TEXAS 4-H YOUTH DEVELOPMENT FORM HSS - HEALTH AND SAFETY STATEMENT 2025-2026



Revised: 6/2025

Check One: Youth Adult
 County: _____ District: _____
 Event: _____ Event Dates: _____

Section I. Participant Information

First Name: _____ Gender: Female Male
 Last Name: _____ Date of Birth: ____/____/____ Age: ____
 Address: _____ Name of Physician: _____
 City, State, Zip: _____ Physician's Number: _____
 Phone Number: () - Date of last physical exam: _____

Section II. Emergency Contact Information

Contact Name #1: _____ Relationship: _____ Contact Name #1: _____ Relationship: _____
 Phone Numbers: () - () - Phone Numbers: () - () -
 Address: _____ Address: _____

Section III. Health History (Check the appropriate answer; if YES, use space to the right to provide additional information)

Have you had any operations or injuries that impede participation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are there any activities to be limited/discouraged by a physician's advice?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Have you had or do you currently have any heart problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you require any accommodation to participate in scheduled activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have any chronic recurring illness or communicable diseases?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you allergic to any medications, food or food ingredients, insects, or pollens?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you require an inhaler, epinephrine injector, or other item that you keep at all times?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have a medically prescribed meal plan or dietary restrictions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have Epilepsy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Do you have Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
List any other health related information:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed or over-the-counter medications currently being taken? No Yes
 If yes, please describe: _____

Section V. Insurance Information – Please provide a copy of your insurance card.

Do you carry family medical/hospital insurance? No Yes
 Carrier: _____ Policy: _____

Section VI. Release of Participant (If minor) at conclusion of activity/camp/event/program

I/We do hereby authorize release of said minor child to the following person/people: (please list all persons, including parents)

 Further, I/We require that said minor child NOT be released to the following person/people:

Section VII. Health and Safety Statement Certification

By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Participant Certification
Printed Name: _____
Signature: _____
Date: _____

Parent/Guardian Certification (only if participant is under the age of 18)
Printed Name: _____
Signature: _____
Date: _____

Programs with multiple dates/sessions. I certify this information is correct. Date: _____ Initial: _____ Date: _____ Initial: _____

Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the youth's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

Participant name _____ Date of birth _____ Age _____

County _____ District _____ Name of Event Attending _____

- | | |
|--|--|
| <input type="checkbox"/> Ointments for minor wound care, first aid (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) as directed. | <input type="checkbox"/> Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed. |
| <input type="checkbox"/> Tylenol/Acetaminophen as directed | <input type="checkbox"/> Calamine lotion for bug bites and poison ivy |
| <input type="checkbox"/> Ibuprofen as directed | <input type="checkbox"/> Micatin or anti-fungus treatment as directed for athlete's foot |
| <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed | <input type="checkbox"/> Visine or other eye drops for minor eye irritation |
| <input type="checkbox"/> Rolaids or Tums for acid reflux, heartburn, or indigestion as directed | <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief as directed |
| <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed | <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat |
| <input type="checkbox"/> Medicated powder for skin irritation as directed | <input type="checkbox"/> Swimmer's ear drops as directed |
| <input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites | <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed |
| <input type="checkbox"/> Robitussin or other cough syrup as directed | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Sunscreen | |

Other (list any other approved OTC drugs): _____

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, Texas A&M AgriLife Extension, the Texas 4-H Youth Development Program and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M AgriLife Extension.

Participant Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

