



This This authorization covers \_\_\_\_\_\_ during his/her travel to and This authorization cover 2003 Texas 4-H Shooting Sports Games. This activity covers the period 15 July 2003 through 21 July 2003.

I,I, the undersigned parent/legalI, the undersigned parent/legal guardianI, the undersigned parent/legal guardian of the above mentioned 4-H ment ShootingShooting Sports Games. It is my understanding that participation in the actShooting Sports Games. It is my understanding that inherentinherent risk of injury. As such, in consideration of my child's participation in these matches, I heinherent risk of injury. As such, is covenantcovenant not to sue the leadership or sponsors of the Texas 4-H Shooting Sports Games, the Texascovenant not to sue the leadership or sponsors of the Texas 4-H Shooting Sports Games, the Texas A&M University System, the TexasTexas Cooperative Extension, Texas A&MTexas Cooperative Extension, Texas A&M University, the Texas A&M University System, the Regents,Regents, the State of Texas, their officers, servants, agents,Regents, the State of Texas, their officers, servants, agent s, agent s, agent s, the State of Texas, their officers, servants, agent s, agent s, the State of Texas, the sustained by myof action whatsoever a causedcaused by thecaused by the negligence of the releasee, or otherwise while participating in such activity, or while in, on, or upon thecaused by activity is being conducted.

II also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I all also agree to follow all instruction insurance policy carried by American Income insurance policy carried by American Income Life, if any, will provide only minimum coverage and covered in the event of a serious accident.

II also I also give my permission for any emergency I also give my permission for any emergency medical care or treatment by a physician, surgeon, bebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of sudden illnebe required, and accept responsibility for the cost. In case of suder illnebe required, and accept responsibility for the cost. In case of suder activity, while there as a participant, and/authorize activity. Texas Agricultural Extension Service personnel serving as a subtorize Texas Agricultural Extension Service personnel serving as the althhealth and physical well-being of the participant. This authority extends to any physician or surgeon select

The participant has The participant has the following health conditions (including such things as disabilities (special needs), diabetes, asthma, all medications needed).

Name of Primary Insurance Company:	Policy Number:
Insurance Company Phone Number: _()	
The following are means of contacting a family member of this participant:	
1. Telephone Contacts for Parent/Guardian:	
Home: ( ) Business / Alternate: (	)
2. Telephone for neighbor / relative who could locate participant s parents or guardian:	
Home: ( ) Business / Alterative:	()

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