July 31-
August 2, 2020

est. 2017

SHEEP CAPITAL
★LAMB CAMP★
San Angelo, TX

San Angelo
Fairgrounds

Camper Fee: $175.00

Adult/Sponsor Fee: $75.00

Open to incoming 3rd graders– seniors

Register Beginning May 5 by mail.

Registration will be limited to the first 80 paid campers. To be placed on the wait list, please e-mail brittni@sanangelorodeo.com.

Schedule:

July 31st:	Registration: 9:00 a.m. -11:00 a.m.
	Clinic: 1:00 p.m. -6:00 p.m.
August 1st:	Clinic: 8:00 a.m. -5:00 p.m.
	Optional Additional Hands On: 7:00 p.m.
August 2nd:	Clinic: 8:00 a.m. –12:00 p.m.
	Awards: Following Lunch

Topics:

- Feeding and Nutrition
- Classifying
- Judges Panel
- Validation
- Health and Management
- Scholarships
- Showing at Majors

Hands– On Demonstration:

- Showmanship
- Exercising
- Shearing and Washing
- Selection
- Skill-A-Thon

<u>Lambs will not be furnished, each youth participant must bring their own lamb**</u>**

Fees include a T-shirt, camp book, 2 breakfasts and lunches, educational seminars, and hands on learning.

Hotel Information: ****<u>Sheep Capital Lamb Camp does not provide dorm rooms**.</u>**

The Pearl on the Concho will be the host hotel and offer discounted rooms to “Lamb Camp” attendees. Contact The Pearl on the Concho directly at (325)-653-4500 for reservations.

DEADLINE: June 30th

For more information contact Brittni Kaczyk at (325)-653-7785 or Josh Blanek at (325)659-6522.

TEXAS A&M AGRILIFE EXTENSION

SAN ANGELO STOCK SHOW & RODEO

Registration Form

2020 Sheep Capital Lamb Camp

July 31- August 2, 2020

Please fill out form completely.

Name(s) of Adult/ Sponsors Participating	Sex: M/F

Name(s) of Children Participating	Age	Sex: M/F	Shirt Size	Grade	Years County Exp.	Years Major Exp.

Address: _____

City & State: _____

Zip Code: _____

Phone Number: ( ) _____

E-Mail Address: _____

_____ # of Children Attending

X $175.00 = _____

_____ # of Adult/Sponsors Attending

X $75.00 = _____

_____ # of Additional Food Bands***

X $50.00 = _____

Total = _____

Open to incoming 3rd graders—Seniors

-First 80 paid entries accepted-

Please make checks payable to <u>San Angelo Stock Show And Rodeo</u>

DEADLINE: June 30th

Return to: San Angelo Stock Show and Rodeo, Attn: Brittni, 200 West 43rd St, San Angelo, TX 76903

or electronically to brittni@sanangelorodeo.com

<u>Each youth participant must be accompanied by an adult representative**</u>**

*****Additional Food Bands are for non-participants, eating at <u>all</u> provided meals*****

NO REFUNDS WILL BE ISSUED AFTER JUNE 30, 2020.

Recognition and Assumption of Risk Agreement and Physician Release

I, the undersigned parent/legal guardian of _____, authorize the said child's full participation in Sheep Capital Lamb Camp, including related camp activities. It is my understanding that participation in the activities that make up Sheep Capital Lamb Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in Sheep Capital Lamb Camp, I covenant not to sue the camp program, the San Angelo Stock Show and Rodeo Association, AgriLife Extension, the Texas A&M University system, the State of Texas, their officers, servants, agents, or employees and release, waive, and discharge said parties 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 cause by negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I also give my permission for any emergency or medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost.

Print Camper's Name: _____

Personal Insurance Company and Policy Number: _____

Parent/Legal Guardian's Signature:_____

Date Signed: _____

As a participant in Sheep Capital Lamb Camp, I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Camper's Signature: _____

Date Signed: _____

CAMP & 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 Texas 4-H (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H 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, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, 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 this activity, including but not limited to all events and activities, 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 acknowledge there may be physically strenuous activities. 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. 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. 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 INDEMNITEES 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 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 and 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.

Participant Signature _____ Date _____

Participant Printed Name _____ Participant Date of Birth _____

If participant is under 18 years old:

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Printed Name _____

In case of emergency, contact: _____ Phone _____

or _____ Phone _____

or _____ Phone _____

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: _____