

# *Recognition and Assumption of Risk Agreement and Physician Release*

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I, the undersigned parent/legal guardian of \_\_\_\_\_, authorize the said child's full participation in Aggieland Lamb Camp, including related camp activities. It is my understanding that participation in the activities that make up Aggieland Lamb Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in Aggieland Lamb Camp, I covenant not to sue the camp program, the Animal Science Department, Texas A&M University, 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 caused by the 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 Aggieland 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: \_\_\_\_\_