

March - 2017

MEMO TO: County Extension Agents - Agriculture
County Extension Agents - 4-H

SUBJECT: 2017 Texas 4-H Calf Roping and Break-A-Way School

On June 18-22, 2017, the Statewide Texas 4-H Calf Roping and Break-A-Way School will be held in Stephenville, Texas. The school will be held at the Tarleton State University Challenge Arena. This event has been developed in order to encourage young people in 4-H to develop leadership skills and to exercise their abilities in working with younger members in roping activities in 4-H. Participation is open to all districts of the state, with applications being accepted on a first-come, first-serve basis with first priority to those boys and girls who are 12 years of age and older.

The cost of the school will be \$425.00 for the week. There is a limited number of stalls--Therefore, a maximum of one horse per applicant is allowed. Awards will be presented at the conclusion of the Roping School. If a youth registers for the school and then qualifies for the National Jr High Finals, then a full refund will be provided.

This will include group insurance, meals, lodging, stall rent for one horse and will cover the cost of practice calves used in the teaching process. Most meals will be taken in the Tarleton State University Dining Hall. All students will be housed in the Tarleton State University Dormitories. Students will not be allowed to stay elsewhere.

It is necessary that we have chaperons, either in the form of Adult Leaders or County Extension Agents, during the school. Each county which sends participants should encourage one or more agents or leaders to attend. We will need at least one female adult leader to serve as chaperon for the girls. Cost for an adult leader chaperon is \$200.00 each to attend. If chaperon is bringing a horse, add a \$25.00 stall fee. Expenses continue to increase.

Sign up will be on a first come-first serve basis. The maximum number which can be accommodated is 50.

The staff for this school will be essentially the same as in the past years, with the assistance of volunteer leaders and County Extension Agents.

The participants should **NOT** arrive before 8:00 a.m., BUT should arrive **before** 2:00 p.m., Sunday, June 18th and will finish just before noon on Thursday, June 22nd.

Please note many stalls are not covered, but participants are welcome to bring a safe portable shade if desired.

HORSE RULE - All horses brought to the roping school must have had a Negative Equine Infectious Anemia (EIA) test within the past 12 months. An accredited veterinarian can take care of the testing procedures and provide you with a VS 10-11, EIA test form. You must send in a copy of the VS 10-11 form for every horse you intend to bring to the school. Copies must be **mailed** in with your roping school application.

The enclosed statement of rules and application forms should clarify any questions that you may have about submitting applications. Also attached is a tentative agenda.

IMPORTANT NOTICE:

**This year all of your money (deposit and balance) must be sent to:
District 7 4-H Office- 7887 US Highway 87 North, San Angelo, Texas
c/o Garry Branham by May 1st.**

Make checks payable to: Texas 4-H Roping School

Please make sure that you send all money and the entry forms to the District 7 4-H Office.

Thank you for your assistance.

4-H MEMBER PARTICIPANT APPLICATION
Texas 4-H Calf Roping and Break-A-Way School
June 18-22, 2017

Name _____

Age _____ Sex _____ County: _____ District: _____
Home Address _____ Town _____ Zip: _____
Parent's Phone (Home) _____ (Office) _____

E-Mail Address:
(please make eligible) _____

T-Shirt Size YM YL AS AM AL

Have you attended a previous Texas 4-H Roping School? Yes No If yes, what year(s)? _____

Are you a junior leader in 4-H? Yes No What project: _____

Why do you want to attend?

What is your previous experience in roping? _____

Do you own or have available a satisfactory roping horse? _____

I agree to abide by the rules of the Texas 4-H Calf Roping School and conduct myself in a proper and courteous manner throughout the duration of the school.

Signature of 4-H Member

I understand the rules and conditions for attendance at the Texas 4-H Calf Roping School and consent for my child to participate. I agree to release the Texas A&M AgriLife Extension, the instructors of the school, Tarleton State University of Liability in case of injury or damage to my child, equipment and horse during and as a result of participating in the Texas 4-H Calf Roping School.

Signature of Parent or Guardian

Please Check That These Documents Are Sent To The District 7 4-H Office- 7887 US Highway 87 North, San Angelo, TX 76901 – c/o Garry Branham

- Copy of EIA Test Papers Enclosed
- 4-H Member Participant Application
- Adult Participant Application
- Code of Conduct
- Rules for Participants
- Medical Release
- Payment

PLEASE RETURN THESE DOCUMENTS NO LATER THAN MAY 1ST

CEA / ADULT LEADER APPLICATION
Texas 4-H Calf Roping and Break-A-Way School
June 18-22, 2017

Name _____ Male/Female: _____ County _____

Mailing Address _____ Town _____ Zip _____

Home Phone _____ Work Phone _____

T-Shirt Size AS AM AL AXL AXXL

Have you attended previous Texas 4-H Roping Schools? Yes No What year(s) _____

Would you consider assisting in a teaching capacity? Yes No

If yes, what is your previous experience in roping? _____

Do you own or have available a satisfactory rope horse? Yes No

Are you a 4-H Leader enrolled through 4-H Connect and your County Extension Office? Yes No

Have you completed the Child Protection Management course for current 4-H year or previous 4-H year?
Yes No

If yes please provide certificate number _____.

Do you plan to stay in dorms same as youth participants? Yes No

ALL ADULTS STAYING IN DORMS MUST COMPLETE CHILD PROTECTIVE MANAGEMENT COURSE

Any additional information: _____

Copy of EIA test papers enclosed: (please check if enclosed)

Please understand that you may be asked to transport roping school participants to and from the arena.

Signature _____

Please return this form to: **District 7 4-H Office
c/o Garry Branham
7887 US Highway 87 North
San Angelo, TX 76901**

Cost is \$200.00 (plus \$25.00 if bring a horse).
Due to District 7 4-H Office by May 1st.

CODE OF CONDUCT

1. You are expected to attend all activities that are part of the planned program. Inform a member of the professional Extension staff if you are not feeling well.
2. Observe hours established by the professional Extension staff and be in your room. You will be subject to room check and will be expected to remain in your room during the prescribed hours.

3. **NO BOYS WILL BE ALLOWED IN GIRLS' ROOMS, NOR WILL GIRLS BE ALLOWED IN BOYS' ROOMS.**
4. Dress appropriate for the occasion. Delegates should be courteous, clean and display good manners. Language must be controlled and appropriate for a 4-H member – no swearing of any kind.
NO SPURS IN THE TARLETON BUILDING!
5. Except for planned outings, delegates are not to leave the Roping School at any time.
6. No smoking or use of any tobacco products at any time or in any place.
7. Participants will not use alcohol, drugs (except those prescribed by a doctor), or be associated with or remain in the presence of others when they are being used.
8. Avoid unnecessary roughness with people, furniture, equipment, etc. Towels, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
9. You will be responsible for lost dorm keys and meal cards. You lose it, you pay for it. \$50 for each lost card or key.

VIOLATORS MAY EXPECT:

1. To have the opportunity to explain actions to the professional Extension staff in charge.
2. Behavior that is disruptive will be documented and a letter describing such will be sent to the County Extension Agent and parents of those involved.
3. Violation may result in dismissal and being sent home at parental expense. (Parents will be contacted for agreement on arrangements.)
4. If #7 is violated, you will be sent home at the earliest convenience at parental expense. (Parents will be contacted for agreement on arrangements.)

TRAVEL ARRANGEMENTS

1. Under no circumstances will any participant be allowed to drive personal vehicles during the Roping School.

I have read the Code of Conduct and what violators may expect. I agree with the code and do intend to follow all points.	_____ Delegates Signature
As the parent, or guardian, of _____, I have read the Code of Conduct and do support all points. I give permission to the Professional Extension Staff in charge to carry out the Code as described, including inspection of rooms.	_____ Parent or Guardian Signature

RULES FOR PARTICIPANTS
Texas 4-H Calf & Breakaway Roping School
June 18-22, 2017

1. Each participant will furnish his own horse, feed, equipment and be responsible for the safekeeping of these items during the school.
2. The school will furnish meals, lodging, instruction, calves for practice and other equipment used by the entire group.
3. When an application is submitted it is understood that, if accepted, the applicant will abide by the rules and respond to the supervision of those conducting the school. All fees will be returned if the applicant is not accepted.
4. Participants will travel in vehicles with adult leaders. No participant will be allowed to travel in personal vehicles.
5. Each application must be completed in full and signed by a parent or legal guardian.
6. HORSES BROUGHT TO THE SCHOOL SHOULD BE EXPERIENCED ROPING HORSES. IT IS NOT THE PURPOSE OF THIS EVENT TO TRAIN GREEN HORSES. HORSES MAY BE BORROWED, LEASED OR OWNED, BUT MUST BE FURNISHED BY EACH PARTICIPANT.

REMEMBER - You must send in a copy of your vs 10-11 EIA, Coggins test results for every horse brought to the roping school. If you do not have your coggins test papers you cannot unload your horse.

7. Conduct of roping school members will be the same as for all other statewide 4-H functions:
 - A. **LIGHTS OUT AT THE DESIGNATED TIME.**
 - B. **NO ALCOHOL, TOBACCO, OR DRUGS.**
 - C. **COURTEOUS BEHAVIOR AT ALL TIMES.**
 - D. **RESPECT FOR THE PROPERTY OF OTHER, ESPECIALLY COLLEGE FACILITIES WHICH HAVE BEEN MADE AVAILABLE.**
 - E. **ENTHUSIASTIC PARTICIPATION IN THE ACTIVITIES OF THE SCHOOL.**
8. Participants should NOT arrive before 8 a.m. on Sunday, but should arrive *before* 2:00 p.m. on Sunday and be prepared to leave Thursday by noon. Dorms will not be available until 5:00 p.m. on Sunday. No evening meal will be served in the dorm Sunday. Plan to eat in town the first night.

Participant's Signature

Parent's Signature



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of _____ (herein referred to as "activity"), which is sponsored by Tarleton State University (herein referred to as "sponsor"), a member of The Texas A&M University System, 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, the Board of Regents for The Texas A&M University System, 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 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. I further acknowledge that Tarleton State University and the _____ has established rules and regulations pertaining to conduct, behavior and activities of all camp participants and I/participant/minor will be responsible for knowledge of and agree to abide by all rules/regulations (rules and regulations can be found on the _____ website at _____ and accept responsibility for any consequences resulting from failure to adhere to these rules/regulations.

2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said 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 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 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.

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 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, 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 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. I authorize the camp's medical personnel to administer, if necessary, any nonprescription medicine such as Tylenol, Benadryl, cold/ allergy remedy, etc. while attending camp. I (releasor/indemnitor) agree that camper/minor named above shall bring medications which camper/ minor is currently taking with him/her to the camp, if necessary, and that he/she shall be responsible for safety of said medication as well as consumption of proper dosage of medication, as well as any medications prescribed while at camp. The camper/minor will not share his/her medications with another camper, will not take medications from another camper, and will not take any medications not prescribed to/for the camper/minor. I (releasor/indemnitor) acknowledge that the camper/minor has been informed of these conditions by (parent/guardian). I further authorize qualified medical personnel to administer any prescription drugs and apply any treatment deemed necessary due to accident/illness. I further authorize the release of the participant's medical information for the purpose of treatment/medication.

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.

7. APPEARANCES / PROMOTIONAL MATERIALS. I understand that the _____ produces promotional material relating to its camps programs. I understand that I/the participant/minor may be included in photographs and videotapes taken during the camp. Therefore, without reservations or limitations, I, in my own behalf and on behalf of the minor, hereby assign, transfer and grant to the _____, Tarleton State University and The Texas A&M University System the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance and to utilize such materials gathered during the term of the camp, and to use such material for the purpose of advertising and promoting the camp in writing or web based format. I, in my own behalf and on behalf of the minor/participant waive any right to inspect or approve copies of any promotional materials related thereto.

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

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

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)