

**PARENT/GUARDIAN SIGNS IF STUDENT IS UNDER 18 YEARS OF AGE**  
**SOUTHERN METHODIST UNIVERSITY**  
**RELEASE OF LIABILITY FOR PARTICIPANTS IN CAMPS & CONFERENCES**  
*(PLEASE READ CAREFULLY BEFORE SIGNING)*

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, hereby acknowledge that I freely and voluntarily permit my child to participate in \_\_\_\_\_ to be held on the campus of Southern Methodist University ("SMU"), during the time period \_\_\_\_\_, 2019 through \_\_\_\_\_, 2019 (the "Camp"). I understand that participation in the Camp is completely voluntary; that my child is under no obligation to take part in the Camp; that the Camp is provided through SMU to enhance my child's educational experience; and that **NO INSURANCE COVERAGE MAY EXIST THROUGH SMU TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE CAMP.** In consideration for SMU's arranging this opportunity for my child to participate in the Camp and enhancing my child's educational and/or competitive experience, I have fully read this Release of Liability and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further represent that I am at least eighteen (18) years of age and competent to sign this affirmation and release.

I understand that on some occasions, my child must arrange his/her own transportation related to the Camp and/or on some occasions, SMU may arrange transportation. I further understand and agree that my child's decision to accept transportation from SMU is completely voluntary and accepted at his/her own risk, that he/she is not required to accept such transportation, and that such transportation will not be covered by any SMU insurance. I understand that if my child chooses to take his/her own automobile he/she must provide his/her own automobile collision and liability insurance. I also understand that if my child accepts transportation offered to him/her by another Camp participant and/or SMU student, staff, or faculty member driving his/her own automobile, that my child accepts such transportation at his/her own risk. I understand and agree that whatever alternate mode of transportation he/she may choose will not be covered by any insurance policy owned by SMU.

I fully understand and acknowledge that certain elements of the Camp may be physically and emotionally demanding and that by my child's participation in the Camp, he/she faces risks of accidental and/or other physical and/or emotional injuries. These risks may include, but are not limited to, (1) loss or damage to personal property; (2) physical or emotional injury or fatality due to, and/or related to, (a) all modes of travel while participating in the Camp, whether by airline, automobile, train, boat, trolley, taxi, bus, public transportation or walking, (b) the condition of facilities away from the SMU campus, which are not under the control and maintenance of SMU, (c) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, including but not limited to: sunburn, heat exhaustion, insect bites/allergies, dust, dirt, etc., as well as any and all injuries, whatsoever, which may be sustained from activities of the Camp, including, but not limited to, any and all injuries related to physical activity, such as walking, running, jumping, swimming, bending, standing for extended periods of time, lifting small amounts of weight, handling athletic/activity equipment, being exposed to others handling athletic/activity equipment, colliding with other participants, and slips and falls, (d) any and all other aspects and stress related to the Camp, including interaction with personnel who are not employees of SMU, risks inherent to staying overnight in a campus residential facility, and risks inherent to travel to a rural or metropolitan area, and (e) suffering any type of injury, illness, or infectious disease without immediate access to medical facilities.

I understand and voluntarily choose to allow my child to assume the risks of his/her participation in the Camp and hereby represent that he/she is able to participate in this Camp, with or without reasonable accommodations. I further acknowledge that my child has asked for and has received reasonable accommodations for any disability my child may have brought to the attention of the Supervisor, having first presented valid certification of his/her disability. My child and/or I agree to advise the Supervisor at any point when my child questions his/her ability to participate in any activity of the Camp.

**I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE CAMP SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD AND/OR ON THE PART OF SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, OR ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, AND/OR ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.**

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and I involving this Release of Liability in any way shall be in Dallas County, Texas.

ACCEPTED AND AGREED:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's/Guardian's Signature Parent's/Guardian's Printed Name

Participant's/Minor's Name: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION FORM**

1. Please identify all known allergies to foods, drugs, insect bites, dust, etc. and the nature of the reaction (if none, please put N/A):

\_\_\_\_\_  
\_\_\_\_\_

2. If participant is presently taking medication, please identify the medication and, if you choose, the reason for its use (if none, please put N/A):

\_\_\_\_\_  
\_\_\_\_\_

3. In case of emergency, the following person should be contacted:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone \_\_\_\_\_

Please sign below to provide consent for emergency medical treatment. Please note that program coordinators are not trained medical professionals and may not be able to help if a serious accident or illness occurs.

**Participant signs if 18 years of age or older:**

I hereby authorize Southern Methodist University (“SMU”) to acquire, at my expense, any and all necessary emergency medical care I may require while I am participating in the \_\_\_\_\_ to be held on the campus of SMU, during the time period \_\_\_\_\_, 2019 through \_\_\_\_\_, 2019 (the “Camp”). This authorization does \_\_\_\_\_ does not \_\_\_\_\_ (check one) authorize blood or blood products to be provided to me.

By: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Parent/Guardian signs if participant is under 18 years of age:**

I hereby authorize Southern Methodist University (“SMU”) to acquire, at my expense, any and all necessary emergency medical care required for my child, \_\_\_\_\_ to be held on the campus of SMU, during the time period \_\_\_\_\_, 2019 through \_\_\_\_\_, 2019 (the “Camp”). This authorization does \_\_\_\_\_ does not \_\_\_\_\_ (check one) authorize blood or blood products to be provided to my child.

By: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Printed Name) Phone \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Participant) Address \_\_\_\_\_

**NOTICE: THIS FORM MUST BE PRESENTED PRIOR TO ADMITTANCE TO THE CAMP OR CLINIC.**