

**PARENT/GUARDIAN SIGNS IF STUDENT IS UNDER 18 YEARS OF AGE**

**RELEASE OF LIABILITY FOR SMU CAMPS AND CONFERENCES**

(PLEASE READ CAREFULLY BEFORE SIGNING)

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, acknowledge that I voluntarily and willingly permit my child to participate in \_\_\_\_\_ on the campus of Southern Methodist University ("SMU"), during the time period \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_ ("Camp"). I understand participation in the Camp is completely voluntary and agree that Camp is provided through SMU to enhance my child's education 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 this Camp and enhancing my child's educational and competitive experience, and knowing that I would be required to sign this Release of Liability, I acknowledge that I have fully read this Release and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree 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 for my child. I further understand 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. If my child arranges his/her own alternate transportation, I understand that he/she must provide his/her own automobile collision and liability insurance, at his/her expense if my child chooses to drive. Further I understand and agree that whatever alternate mode of transportation he/she may choose will not be covered by any insurance from SMU.

I fully understand and acknowledge that certain elements of the Camp may be physically hazardous and emotionally demanding and that by my child's participation in the Camp, he/she faces the risk of accidental and/or other injury. These risks include, but are not limited to, (1) traveling to and from the Camp, (2) loss or damage to personal property; (3) injury or fatality due to, and/or related to, (a) walking, running, jumping, swimming, handling athletic equipment, being exposed to others handling athletic equipment, colliding with other players, and/or other physical activity, (b) head, neck, arm, leg, and/or back injuries, (c) the condition of facilities away from the SMU campus, which are not under the control and maintenance of SMU, (d) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, (e) slips and falls, and (f) any and all other aspects and stress related to the Camp, including interaction with personnel at other locations, who may not be employees of SMU, among others. I understand and assume the risks of my child's participation in the Camp.

I have fully investigated the nature of the Camp, including whether participants will be subjected to physical and/or emotional stresses, and assume the risks of my child's participation in the Camp. I agree that my child's participation in the Camp is entirely voluntarily and that my child is under no obligation to take part in the Camp. I am fully aware that my child may suffer these or other injuries arising out of my participation in the Camp and I acknowledge that the Camp may be a dangerous activity. However, I allow my child voluntarily to assume these risks and participate in the Camp. My child and/or I agree to advise his/her supervisor at any point when my child questions his/her ability to participate in any of the Camp. 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 to the Supervisor.

**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, AGENTS 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 OR ON THE PART OF SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND 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 me involving this Release of Liability in any way shall be in Dallas County, Texas.

ACCEPTED AND AGREED BY:

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/ Guardian's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Student: \_\_\_\_\_ DOB \_\_\_\_\_ SS#: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical information (allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.)

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

Please list any medications student is currently taking or medication necessary for any conditions which he/she might have.

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

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

Should religious or other considerations prevent such authorization for necessary emergency treatment from being provided as stated above, then the student must present, in lieu of this form, a statement sworn before the person authorized by law to give oaths of affirmations releasing SOUTHERN METHODIST UNIVERSITY, its Board of Trustees, Officers, Employees, and Agents and Camp noted above, its Officers, Employees, and Agents of any liability resulting from any personal injury which may occur as a result of participation at Camp noted above.

White – Health Center; Yellow – Residence Hall; Pink – Conference Services Office; Gold – Advisor.