

THE UNIVERSITY OF TEXAS AT DALLAS

Residential Camps and Conference Services

Participant Release and Indemnification Agreement and Emergency Medical Authorization

Camp/Conference: _____ Dates: _____

Participant Name: _____

Address: _____

Phone: _____ Birthdate: _____ Sex: _____

Emergency Contact Name: _____ Phone: _____

Medical Information

Physician Name/Address: _____ Phone: _____

Health Insurance Company: _____ Group#: _____ Policy#: _____

Date of last Tetanus/Diphtheria Inoculations: _____ Blood Type: _____

Special Health Needs or Concerns: _____

I, the above named participant (or the parent/guardian of the above-named participant who is under eighteen years of age), have voluntarily agreed to participate in the camp/conference listed above. I am fully competent to sign this agreement. I acknowledge that the nature of the camp/conference could possibly expose participant to hazards or risks that could result in participant's illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. I grant UT Dallas and its employees full authority to take whatever action they may consider to be warranted under any circumstances regarding the protection of participant's health and safety. I understand and agree that if participant does not comply with all the rules, code of conduct, and instructions relating to this camp/conference, UT Dallas has the right to terminate his/her participation in this camp/conference without refund.

In consideration for participant being permitted to participate in the camp/conference, I hereby accept all risk to participant's health and of his/her injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release UT Dallas, its governing board, officers, employees and representatives from any and all liability to participant, participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to participant's property and for any and all illness or injury to participant's person, including his/her death, that may result from or occur during participant's participation in the camp/conference, whether caused by any type of negligence of UTD, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless UT Dallas and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from participant's negligent or intentional act or omission while participating in the described camp/conference.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ABOVE DESCRIBED CAMP/CONFERENCE AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS.

I hereby authorize UT Dallas and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to participant upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

By signing this document I represent that I am eighteen years of age or older or that I have the legal authority to provide consent for the minor participant, that I have read this document, and confirm that the information contained herein is true and accurate.

Signature of Participant

Print or Type Name

Date

Signature of Parent/Legal Guardian

Print or Type Name

Date

Signature of Witness

Print or Type Name

Date