PARTICIPANT SIGNS IF 18 YEARS OF AGE OR OLDER

SOUTHERN METHODIST UNIVERSITY
RELEASE OF LIABILITY FOR PARTICIPANTS IN CAMPS & CONFERENCES

(PLEASE READ CAREFULLY BEFORE SIGNING)

I, ____, hereby acknowledge that I freely and voluntarily wish to participate in ____, to be held on the campus of Southern Methodist ________________________________ ________________________________

AGENTS, VOLUNTEERS AND/OR ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

The terms of this Release 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 is found to be unenforceable or void, in the 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 shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and I involving this Release in any way shall be in Dallas County, Texas.

I hereby acknowledge that I freely grant SMU and its agents or employees the right and permission to photograph/video and publish at any time in the future photos, videos, or other media that contains my likeness, in whole or in part and with or without my name for SMU-related editorial, promotional, educational, advertising, or trade purposes. I will make no monetary or other claim against SMU and its agents or employees for the use of the photograph(s)/video(s).

I expressly affirm that I intend for any use of a keypad, mouse, or other device to type my name below ("E-signature") to be the legal equivalent of a manual hand-written signature for purposes of validity, enforceability, and admissibility. I agree that no additional authority or third-party verificys.(7sl(nam)6w)-.9(a)7,e,ertyssib(9n-10(t(a).7(

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. 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 Camp coordinators are not trained medical professionals and may not be able to help if a serious accident or illness occurs. If a Camp participant requires