

**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 \_\_\_\_\_

**STUDENTS, AGENTS, VOLUNTEERS, OR ASSIGNS, AND I, FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS, DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND/OR ASSINGS FOR ANY CLAIMS, CAUSES OF ACTIONS, DEMANDS, EXPENSES, JUDGMENTS, FEES AND COSTS WHATSOEVER ARISING FROM OR IN CONNECTION WITH MY CHILD PARTICIPATING IN THE CAMP; AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, AND/OR ASSINGS 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 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 child's likeness, in whole or in part and with or without my name for SMU-related editorial, promotional, educational, advertising, or trade purposes. I nor my child 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 verification is necessary to validate my E-Signature and the lack of such verification will not in any way affect the enforceability of my E-Signature as pertaining to this Release.**

ACCEPTED AND AGREED:

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

\_\_\_\_\_  
Parent's/Guardian's Printed Name

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

## 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 emergency medications, the Camp participant should bring the medications and be prepared to self-administer.

**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  
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