

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 _____, 2021 through _____, 2021 (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 ("Release") 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, ridesharing and/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., (d) 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, (e) 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 (f) suffering any type of injury, illness, or infectious disease, including, but not limited to COVID-19, without immediate access to medical facilities.

I expressly affirm that I am aware of the Center of Disease Control and Prevention (the "CDC") directives recommending social isolation and distancing in response to the COVID-19 pandemic. I am aware that SMU cannot prevent the possibility of my child's exposure to COVID-19 at the Camp or during my transportation to and from the Camp location. I understand that my child participating in Camp involves risk of exposure to Camp staff and other Camp participants who may be infected with COVID-19. I am aware of and affirm the potential health risks that may occur if my child is exposed to COVID-19, up to and including death, and that my child's exposure brings with it the possibility of exposing others, including members of my household and other communities. I acknowledge and am aware of CDC and other public health recommendations concerning risks COVID-19 presents to individuals in certain age groups and/or with high risk health conditions. 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, 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 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 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 expressly affirm that I intend for any use of a key pad, 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 waiver and release of liability.

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 COVID-19
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 program 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 period _____, 2021 through _____, 2021 (the “Camp”). This authorization does __does not__ (check one) authorize blood or blood products to be provided to my child.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. SMU has put in place preventative measures to reduce the spread of COVID-19 in its Summer Cam and Conference COVID-19 Plan; however, SMU cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Camp could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or become infected with COVID-19 by attending the Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SMU may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SMU and/or Camp employees, volunteers, and other Camp participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Camp or participation in Camp programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SMU, its employees, agents, and representatives, and any schools or facilities where Camp programs are held, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SMU, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Camp program.

I acknowledge and understand that if my child or I am found to have contracted COVID-19 or have symptoms of COVID-19, or if the training facility closes or delays opening due to COVID-19, I and my child(ren) will not be allowed to complete the program and may not be entitled to a refund of the fees paid for the Camp program. I agree to comply with any and all laws, regulations, rules, public health directives, and guidelines established by SMU and/or the Camp regarding COVID-19 and I understand that failure to comply may result in my child's immediate dismissal from the Camp program.

By: _____ Date _____

_____ Phone _____

(Printed Name)

_____ Address _____

(Printed Name of Participant)

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