

DESIGN CONNECT CREATE SUMMER CAMP
PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY (minor)

I, _____ the parent or legal guardian of _____, give my permission for my child to participate in the summer physics camp program ("Activity") offered by Design Connect Create ("DCC") and I acknowledge and agree as follows:

I acknowledge and accept that the nature of the Activity could possibly expose my child to known and unknown risks, including, but not necessarily limited to, the danger of damage, injury or loss, such as property (personal or real) damage, illness, mental anguish, emotional distress, personal/bodily injury or death and I understand and appreciate the nature of such risks. My child is in sufficient physical and mental health to participate in the Activity and does not have any physical or mental conditions that could affect his/her ability to participate in the Activity. I have medical insurance coverage appropriate for my child's participation in the Activity and have provided evidence of such insurance coverage and emergency contact information below.

Food allergies, drug allergies, medical conditions, or other special needs (including dietary restrictions):

I grant DCC and their representatives full authority to take whatever actions they may consider to be warranted under any circumstances regarding the protection of Participant's health and safety. I understand that if my child requires medical treatment while participating in the Activity, an attempt will be made to call me once. In the event that I cannot be reached, I consent to such treatment for my child as may be deemed necessary under the circumstances.

I understand that my child is expected to (a) act and speak positively, and be courteous to all students and staff, (b) wear shorts at least fingertip length and (c) not wear midriiffs. I will notify the teacher or camp director of any absences or appointments prior to the first day of camp. If my child's participation in the Activity is at any time deemed detrimental to the Activity or its other participants, as determined by the Activity's organizers in their sole discretion, I understand that he/she may be expelled from the Activity without DCC or the organizers incurring any liability.

I grant DCC permission to collect information via pre-camp and post-camp surveys to measure the impact of the Activity. DCC will not share any personal data or the identity of participant's comments. All survey data will be reported only in aggregate format.

I grant DCC the irrevocable right to use my child's image, voice and name in photographs and video and audio recordings of the Activity. I understand that this use includes publication and distribution in printed, electronic and digital media, including, but not limited to, DCC materials and brochures, video and television broadcasts, and website, social media and online communications. I also understand that my child shall not receive any compensation in connection with this release.

I knowingly and voluntarily hereby accept and assume all risk to my child that may arise from, relate to or result from participation in the Activity without limitation, all adjunct activities. I knowingly **waive, acquit, release and forever discharge and covenant not to sue** and shall **indemnify, defend and hold harmless** DCC, their respective directors, officers, employees, independent contractors, agents and representatives (collectively, the "**Released Parties**") from any and all losses, liabilities, claims, damages, penalties, fines, judgments, awards, settlements, costs, fees and expenses (collectively, the "**Losses**") that directly or indirectly, arise from, relate to or result from my child's participation in the Activity including, without limitation, (a) any and all illness, mental anguish, emotional distress or injury to Participant's person, including his or her death, (b) damage to Participant's real or personal property and (c) **any Losses caused in whole or in part by negligence or strict liability of the Released Parties.**

This Agreement constitutes the entire agreement and shall be governed by the laws of the State of Texas. If any provision of this Agreement is held unenforceable, this will not affect any other provision and this Agreement shall be construed as if the unenforceable provision had not been incorporated in this Agreement.

I (i) have read and fully understand this Agreement and (ii) intend that this Agreement be legally binding and enforceable upon me and my family, estate, heirs and legal representatives.

IN WITNESS WHEREOF, I have duly executed and delivered this Agreement as of _____, 20_____

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Phone: _____ Medical Insurance Carrier and Policy No.: _____