

**RELEASE AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANTS**

**PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
Name (last name first - please print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**INSTITUTION:**

The University of Texas at Dallas (UTD)

\_\_\_\_\_  
(School/Administrative Division)

\_\_\_\_\_  
(Program/Administrative Unit)

Check here if you are not a registered UTD student.

**IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL:** \_\_\_\_\_

**MODE OF TRANSPORTATION:** \_\_\_\_\_

**PRINCIPAL LOCATION(S):** \_\_\_\_\_ **DATE(S):** \_\_\_\_\_

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and has voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel 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 UTD and its employees 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 and agree that if participant does not comply with all the rules, code of conduct, and instructions relating to this Activity and/or Travel, UTD has the right to terminate his/her participation in this activity without refund.

In consideration of Participant being permitted to participate in the Activity and/or Travel, 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 UTD, 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 Activity and/or Travel, 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 UTD 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 Activity and/or Travel.

**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 ACTIVITY AND/OR TRAVEL 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 ACT OR OMISSION. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT OR ACTIVITY.**

\_\_\_\_\_  
Signature of Parent/Guardian\*

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Address (if different from Participant's Address)

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

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



**MEDICAL INFORMATION AND RELEASE FORM – MINOR (DOMESTIC CAMP)**

Minor's Name

Address:

City:

State:

Zip:

Telephone Number:

Birthdate

Gender:

Parent or Guardian Name:

Address:

City:

State

Zip

Telephone Number

email:

Emergency Contact Name (other than parent or guardian):

Address:

City:

Telephone Number:

email:

Physician Name:

Dentist Name:

Telephone Number:

Telephone Number:

Allergies:

Blood Type:

Current Medications and dosage:

Date of Last Tetanus/Diphtheria Vaccinations:

Special Health Needs or Concerns:

Health Insurance Carrier Name:

Phone Number

Policy Holder Name:

Policy Holder Date of Birth

Policy Number:

ID Number:

**EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned parent or legal guardian of \_\_\_\_\_ do hereby authorize emergency medical or surgical treatment and hospitalization if necessary for the above named minor. I understand that an attempt will be made to contact me, or the named emergency contact, before taking this action. If I or the emergency contact, cannot be reached, The University of Texas at Dallas and its designated representatives may consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered to \_\_\_\_\_ 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. The effective dates for this authorization are \_\_\_\_\_ through \_\_\_\_\_

By signing this authorization, I represent to The University of Texas at Dallas that I have legal authority to provide consent for this minor child.

Signature of Parent or Guardian

Date



Talent Release Form

For valuable consideration, I do hereby authorize The University of Texas at Dallas, and those acting pursuant to its authority to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
b. Use my name, likeness, voice and biographical material in connection with these recordings.
c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which The University of Texas at Dallas, and those acting pursuant to its authority, deem appropriate.
d. Exhibit or distribute any written documentation in whole or in part without restrictions or limitation for any educational or promotional purpose, which The University of Texas at Dallas, and those acting pursuant to its authority, deem appropriate.

This release shall remain in effect unless revoked in writing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_
(if under 18)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(if under 18)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PICK-UP AUTHORIZATION FOR MINOR PARTICIPANTS

PACE Name: \_\_\_\_\_ (hereafter "Program")

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Participant Name: \_\_\_\_\_ (hereafter "Participant")

Parent/Legal Guardian Name: \_\_\_\_\_

**\*\*Please complete Section I if the minor will be dropped off or Section II if the minor will be driving him/herself.\*\***

### SECTION I

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick up children in person and may be requested to show identification to Program staff when picking up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible person to pick up my child from the aforementioned Program activities:

AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone number: \_\_\_\_\_

### SECTION II

My son/daughter is at least 16 years of age and will responsible for his/her own transportation to and from Program. My son/daughter may sign him/herself in at the start of Program activities and sign him/herself out at the end of Program activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone number: \_\_\_\_\_

**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.: \_\_\_\_\_