



Talent Release

1. I authorize Texas A&M University and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M will own these recordings.
2. I irrevocably authorize Texas A&M and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Texas A&M, its regents, employees, and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faculty mechanical reproductions.
5. I understand that I will not be compensated for any use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

Signature

Date

Printed Name

Cell Phone

Email Address

Expected Graduation (If Applicable)

Permanent Address

If under age 18, a parent or guardian must complete the following:

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

Parent/Guardian Address



CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Camp LIFE (herein referred to as "camp"), which is sponsored by The Center on Disability and Development, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to standard risks associated with camping activities, and I choose to voluntarily participate/allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. ***I agree to indemnify and hold harmless INDEMNITEES*** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.***
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my



inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)

In case of emergency, contact _____

at the following number _____

If the participant has medical insurance, please indicate: _____

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication



Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to _____ (child's name) if the need arises. You may dispense only those checked below.

- | | |
|--|---|
| <input type="checkbox"/> Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) | <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat |
| <input type="checkbox"/> Tylenol/Acetaminophen as directed | <input type="checkbox"/> Ibuprofen as directed |
| <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat | <input type="checkbox"/> Micatin or anti-fungus treatment as directed for athlete's foot |
| <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed | <input type="checkbox"/> Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed |
| <input type="checkbox"/> Roloids or Tums for acid reflux, heartburn, or indigestion as directed | <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed |
| <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions | <input type="checkbox"/> Visine or other eye drops for minor eye irritation |
| <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed | <input type="checkbox"/> Swimmer's ear drops as directed |
| <input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites | <input type="checkbox"/> Medicated powder for skin irritation as directed |
| <input type="checkbox"/> Robitussin or other cough syrup as directed | <input type="checkbox"/> Calamine lotion for bug bites and poison ivy |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Other (list any other approved over-the-counter drugs): _____ | |

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M University.

Participant Name _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Additional Instructions: _____

_____ Date
Signature-Parent or Guardian

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication		
<input type="checkbox"/> Returned to Child's Parent/Guardian	<input type="checkbox"/> Thrown Away	Date: _____

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Additional instructions:

 Signature-Parent or Guardian _____
 Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication		
<input type="checkbox"/> Returned to Child's Parent/Guardian	<input type="checkbox"/> Thrown Away	Date: _____