

PARENT/GUARDIAN SIGNS IF PARTICIPANT IS UNDER 18 YEARS OF AGE

SOUTHERN METHODIST UNIVERSITY

RELEASE OF LIABILITY FOR PARTICIPANTS IN THE MEADOWS MUSEUM/KID ART DALLAS PROGRAM

(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, the Parent/Guardian of _____, hereby acknowledge that I freely and voluntarily permit my child to participate in the Meadows Museum/Kid Art Dallas Program to be held on the campus of Southern Methodist University ("SMU"), on _____, 2019 (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, 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 my child must arrange his/her own transportation related to the Camp. 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 or walking, (b) the condition of facilities away from the SMU campus, which are not under the control and maintenance of SMU, (c) 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, slips and falls, or artistic activity, including, but not limited to, cuts, burns, exposure to substances to which he/she may be allergic, and contact with Camp equipment/materials, (d) any and all other aspects and stress related to the Camp, including interaction with personnel who are not employees of SMU and risks inherent to travel to a metropolitan area, and (e) suffering any type of injury, illness, or infectious disease without immediate access to medical facilities.

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 SMU, having first presented valid certification of his/her disability. My child and/or I agree to advise SMU 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 DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS 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.

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 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 staff are not trained medical professionals and may not be able to help if a serious accident or illness occurs. If emergency medications are required by the Camp participant, the participant should bring the medication 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, in the course of the Meadows Museum/Kid Art Dallas Program to be held on the campus of Southern Methodist University (“SMU”), on _____, 2019 (the “Camp”). This authorization does _____ does not _____ (check one) authorize blood or blood products to be provided to my child.

By: _____ Date _____

_____ Phone _____

(Printed Name)

_____ Address _____

(Printed Name of Participant)

Parent/Guardian is required to pick up Camp participant within ten (10) minutes of the end of the Camp session. If Parent/Guardian does not arrive within ten (10) minutes, Camp staff will begin contacting the emergency contact designated above. Other than Parent/Guardian, the following person/people are authorized to pick up Camp participant:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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