



Dear Parent:

Thank you for registering your camper for our summer Aquatic Science Adventure Camp at Texas State University for the year 2017. Enclosed are our medical information and liability release forms. Please fill out and sign these forms and bring them with you to camp check-in. For your convenience, the forms are fillable using Adobe Acrobat Reader which can be downloaded for free from the Adobe website.

We do everything in our power to ensure your camper has a safe and fun camp experience. In the event a camper requires medical treatment, we will notify you immediately and transport the camper to the Student Health Center at Texas State University, or if more serious medical treatment is required, the Emergency Room at the Central Texas Medical Center (CTMC).

The Student Health Center at Texas State University will not treat campers unless they are prepared to pay for their medical services at time of treatment. The Student Health Center will accept cash, check, Discover, American Express, MasterCard, and Visa credit cards. MasterCard and Visa debit cards are also accepted.

If you have any questions about the forms, or camp in general, please do not hesitate to contact me.

Sincerely,

Aaron Swink
Assistant Director of Education,
EARDC
Ph: 512-245-3541
Fax: 512-245-2669
Email: aps36@txstate.edu

EDWARDS AQUIFER RESEARCH & DATA CENTER
248 FAB | 601 University Drive | San Marcos, Texas 78666-4684
phone: 512.245.2329 | *fax:* 512.245.2669 | WWW.EARDC.TXSTATE.EDU

This letter is an electronic communication from Texas State University



Alternate Pickup Authorization Form

To assure a safe return home, please indicate below the name or names of any individual(s) authorized to pick up your child at the termination of the camp session in the event that you are unable to do so yourself.

Name: _____

Address: _____

Phone #: _____

Parent Signature

Date

Aquatic Science Adventure Camp Behavior Policy

I (we) understand that cooperation and respect for others is necessary for any successful group activity. I (we) agree that during my stay at the Aquatic Sciences Adventure Camp I will:

1. pay attention to all instructions from the camp director and teachers;
2. respect the privacy and property of other campers;
3. respect the dignity of other campers by not using offensive language, bullying, or engaging in pranks against others;
4. keep my room and valuables locked up at all times;
5. respect University property (equipment, rooms and vans) and keep them clean. No food or drinks (except water) are to be taken in the vans;
6. respect the camp curfew and lights out policy;
7. respect my own body and the sensibilities of others by showering daily;
8. not engage in horseplay, especially on field trips, in the river, in the classroom and on the ropes course;
9. be on time for all activities.

I further understand that the following activities may be grounds for dismissal from the camp:

Fighting, stealing, using disrespectful or abusive language or actions directed against teachers or other campers, destruction of property, refusing to follow camp curfew and boy/girl segregation policy while in the cabins.

Signature of Camper

Date

Signature of Parent

Date

Note:

- 1) Campers will be charged for lost keys.
- 2) Campers will be charged a cleaning fee if rooms are not clean at check-out.
- 3) Campers will be charged for any damages to their assigned rooms or University property. Please report any discrepancies (damage or cleanliness) to the dormitory front desk at check-in.

Medical Release for Texas State University Camp Participants

Last Name	First Name	MI	Birth Date
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Home Address	City	State	Zip
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Name of Parent/Guardian	Relationship to Camper	Home Phone	Work Phone
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Emergency Contact	Relationship to Camper	Home Phone	Work Phone
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The Student Health Center and/or nearest medical facility is hereby authorized to render any necessary medical care to my son/daughter during his/her stay at Texas State.

This authorization is not intended to provide any unusual authority to the Student Health Center or other medical facility; however, a release is required in order to provide medical care to a minor. Parents are routinely informed of any emergency medical condition that occurs.

The cost of services provided by the Student Health Center to your son/daughter is the responsibility of the parent or guardian.

Payment is required at the time medical services are rendered either by cash, check, American Express, MasterCard or Visa credit cards. MasterCard and Visa debit cards are also accepted. A Walk Out statement outlining services rendered, diagnosis and name of the medical provider is provided with each patient visit, which may be used in filing for reimbursement with your insurance company.

By signing below, I agree to the conditions stated above:

Parent/Guardian _____ Date _____

Name of Activity Student is participating in: Aquatic Science Adventure Camp

Dates of Activity: (from) _____ (to) _____

Supplemental Medical Information

List below any medication that your child is required to take. Please type or print legibly.

1. medication name:

dosage and times given:

reason for medication:

2. medication name:

dosage and times given:

reason for medication:

3. medication name:

dosage and times given:

reason for medication:

4. medication name:

dosage and times given:

reason for medication:

Please list below any food or drug allergies and their severity.

1. allergy:

severity:

2. allergy:

severity:

3. allergy:

severity:

Please list any additional information we should know about your child (ex. asthma, allergic to bees, etc.)

Photograph Release and Indemnity

Releasees: The Releasees University System Board of Regents, Releasees University, their administrators, employees, representatives and agents.

Consent: For good and valuable consideration, I hereby grant to Releasees full and complete rights to the use of my child’s image (still photograph or video), with or without the use of my child’s name, in print and electronic publications or productions promoting Releasees. This release is given without charge to or any remuneration from Releasees.

I authorize Releasees to (a) record my child’s likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and (b) Use my child’s name in connection with these recordings. I hereby irrevocably assign, transfer, release and convey to Releasees, in perpetuity, throughout the universe, a nonexclusive and royalty-free license to use the recordings above, as well as all intellectual property rights embodied in or pertaining to any of the foregoing and the complete right to exploit or otherwise use those recordings, in any form of medium, expression or technology now known or hereafter known or developed.

I waive the right to inspect or approve any reproduction of my child’s physical likeness or voice or my child’s voice recording, and I release and discharge Releasees from all claims in connection with the use of my child’s physical likeness, voice, and name.

I further acknowledge that my child’s participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Releasees’ publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I understand that all recordings, in whatever medium, shall remain the property of Releasees.

Release: I hereby release and hold Releasees free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert. I release Releasees and those acting pursuant to their authority from any and all liability for any violation of any personal, intellectual or proprietary right I may have in connection with such use by Releasees. I intend this Release also to bind the members of my family, my heirs, assigns and personal representatives. This release includes all claims, whether or not caused by Releasees’s negligence.

Indemnity: I also agree to indemnify and hold Releasees harmless from any loss, damage, liability, or costs that they may incur from the Releasees’ use of my image, name, or voice.

I understand that all such recordings, in whatever medium, shall remain the property of Releasees. I have read and fully understand the terms of this release.

Signed this _____ day of _____

Signature of Parent and/or Legal Guardian

Printed Name

Child’s Name (Please print)

Activity Release and Indemnity Agreement

Participant Name (Print): _____

Legal Guardian (Print): _____

Organization: _____

Activity: AQUATIC SCIENCE ADVENTURE CAMP which includes but is not limited to the following activities: caving, scuba diving, rafting, rock wall climbing, swimming, wading, tubing, classroom exercises using chemicals and travelling in motor vehicles.

Activity Dates: _____

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in this Activity. This document cannot be altered or modified by any verbal or written statements.

Initial Releasees: The Board of Regents, The Texas State University System, Texas State University, and all regents, employees, agents, and officers for these entities.

Initial **Release: In consideration for facilitating my child's participation in the Activity described above (hereafter Activity), I release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including a claim of negligence, arising out of any loss or damage to my or my child's property and any injury, including death, that my child may sustain whether or not caused by the negligence of the Releasees, while participating in the Activity, supervised or unsupervised, or while in transportation to and from the Activity.**

Initial Risks: To the best of my knowledge, my child is in good health and has no physical limitations that would preclude or impede my child's participation in this Activity. I am aware of the risks and hazards connected with the Activity, and I elect to allow my child to participate voluntarily and engage in this Activity knowing that the Activity may be hazardous to my property, my child's property and my child. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or my child may sustain as a result of being engaged in this Activity, whether or not based on the negligence or other wrongful conduct of Releasees.

Initial **Indemnity: I also agree to indemnify and hold harmless the Releasees from any and all loss, liability, damage, or costs of any nature whatsoever, including court costs and attorney's fees, that they may incur due to my child's participation in this Activity whether caused by the negligence of Releasees or otherwise. For example, I specifically agree**

Activity Release and Indemnity Agreement, Cont'd

to indemnify and hold harmless the Releasees from losses they may incur as a result of my child injuring another person or damaging another person's property while participating in the Activity.

_____ Intent: I intend that this Activity Release and Indemnity Agreement bind not only me, but also the
Initial members of my family and my spouse (if any), if I am alive, and my heirs, assigns, and personal representatives, if I am not alive. I intend this as a release, discharge, and promise not to sue to Releasees. I further agree that this Activity Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

_____ Free Act: I acknowledge that I have read and understand this Activity Release and Indemnity
Initial Agreement. I understand it and sign it voluntarily as my own free act.

I certify that I am the legal guardian of the participant, of lawful age (18 years or older) and legally competent to sign this agreement.

Signature of Legal Guardian

Date