

Aggie Summer Institute

**Program Name****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 \_\_\_\_\_ (herein referred to as "camp"), which is sponsored by Office of Admissions \_\_\_\_\_, (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 injury associated w/prolonged walking or other uncontrollable factors, 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:** \_\_\_\_\_  
\_\_\_\_\_



# Medical Release Form

This form should be completed by a parent or legal guardian if the program participant is under the age of 18.

Last Name	First	MI	Date of Birth
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Address	City	State	Zip	Phone #
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Name of Parent or Guardian or Spouse	Phone #	Alternate Phone #
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Address	City	State	Zip	Relationship
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In case of emergency, please contact:

Name	Phone #	Alternate Phone #
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Address	City	State	Zip	Relationship
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Is the program participant under a doctor's care for any medical problem? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does the program participant have any medical condition, other than described above, that the staff in the Office of Admissions should be aware? Yes No

If yes, please describe: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Please list all drug allergies: \_\_\_\_\_

Please list all medications the program participant is currently taking (including birth control), dietary needs, or special accommodations they will need while at this program. If taking medication, a medication waiver form will need to be on file. Please contact your recruiter to obtain and complete this form.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**If the program participant is under the age of 18, a parent or legal guardian must read and sign below:**

I authorize the Office of Admissions staff to secure medical care at a local medical facility for my son/daughter while he/she is participating in a Texas A&M University, Office of Admissions sponsored program. This authorization is required in order to provide emergency care to a student participating in a Texas A&M University, Office of Admissions program.

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

## Participant Data Form

### General Participant Information

Last Name _____		First _____	MI _____
Race/Ethnicity	<input type="checkbox"/> African American or Black	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> American Indian or Alaskan Native	Date of Birth: _____	
	<input type="checkbox"/> Asian or Pacific Islander	MM/DD/YYYY	
	<input type="checkbox"/> Hispanic or Latino		
	<input type="checkbox"/> White, Non-Hispanic		
Email: _____		Cell Number: _____	

Are you a U.S. Citizen/permanent resident? ☐ Yes ☐ No  
*Federal law restricts specific activities involving undocumented individuals, including, without limitation, transporting undocumented persons within the state.*

List any special accommodation requirements: \_\_\_\_\_

### Student Participant Information

Student High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
 MM/YYYY

Student Class Rank: ☐ Top 10% ☐ First Quarter ☐ Second Quarter ☐ Bottom Half

Student Grade: ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup>

Student Test Scores:

<input type="checkbox"/> SAT	_____	Critical Reading	_____	Composite
	_____	Math	_____	Math
	_____	Writing	_____	Writing
<input type="checkbox"/> ACT	_____		_____	

Student 1<sup>st</sup> Choice Major: \_\_\_\_\_ 2<sup>nd</sup> Choice Major: \_\_\_\_\_

Are you the first person in your family to go to college? ☐ Yes ☐ No

T-Shirt Size (only for Aggie Bound Conference, Aggie Summer Institute, and Passport to Aggieland):

☐ Small ☐ Medium ☐ Large ☐ XLarge ☐ XXLlarge

### Permission to Tape or Photograph

I do hereby consent and agree that the Office of Admissions at Texas A&M University has the right to utilize photographs, video, or audio of me (and/or my property) and to use these for promotional materials. I do hereby release Texas A&M University, Office of Admissions staff all rights to exhibit this work publicly or privately. I waive my rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video or audio, and agree that any uses described herein may be made without compensations or additional consideration of me.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date



# Regulations for Sponsored Events

For many years Aggies have followed a Code of Honor, which is stated in this very simple verse:

***"Aggies do not lie, cheat, or steal, nor do they tolerate those who do."***

The Aggie Code of Honor is an effort to unify the aims of all Texas A&M men and women toward a high code of ethics and personal dignity. For most, living under this code will be no problem, as it asks nothing of a person that is beyond reason. It only calls for honesty and integrity, characteristics that Aggies have always exemplified.

The Aggie Code of Honor functions as a symbol to all Aggies, promoting understanding and loyalty to truth and confidence in each other. Although you may not be enrolled at Texas A&M University, you are taking part in a University-sponsored activity. Therefore, this Code of Honor should be followed by all individuals that are involved in any manner, way, or form with Texas A&M University. This will provide an educational and work climate that is conducive to the personal and professional development of each individual.

- You have the responsibility to respect the rights and property of others, including other students, the faculty and administration of Texas A&M University.
- A student has the responsibility to recognize that his or her actions reflect upon the individuals involved and upon the institution they attend.
- If a student's behavior during the course of the program becomes seriously disruptive as to compel immediate action, a University official has the authority to remove a student from the program activities.

The following are examples of *prohibited conduct*. This list is not designed to be all-inclusive or exhaustive.

1. Attempting to physically abuse an individual.
2. Participating in any sexual activity.
3. Breaching campus safety or security.
4. Unauthorized use, possession or storage of any weapon, fireworks or explosive on University premises or at any University-sponsored activity.
5. Manufacturing, possessing having under control, selling, transmitting, using or being party thereto any drug, controlled substance or drug paraphernalia on University premises or at University sponsored activity.
6. Drinking or having in possession any alcoholic beverage at any time.
7. Theft of public or private property or of services on University property or at University-sponsored activities.
8. Destroying, damaging or littering of any property of the University, of another institution or of another person on University premises or at University-sponsored activities.
9. Conduct that is disorderly, lewd, indecent or a breach of peace on University premises or at University-sponsored activities.
10. Forgery, unauthorized alteration or misuse of any document, record or instrument of identification.
11. Violation of any law of the United States, law of the State of Texas or municipal ordinance.

I understand and will abide by the regulations for the University-sponsored activity.

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Print Participant's Name

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Signature of Participant

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Signature of Parent/Guardian

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Date

The term "institution" means the secondary institution that the student currently attends.

The term "University official" means any administrator, instructor, staff member and other authorized individuals of the University.

The term "University-sponsored activity" means any activity on or off campus that is initiated, aided, or supervised by the University.