

Sam Houston State University Permission to Treat

Recreation programs involve participation in outdoor and indoor activities, which are, by their nature, physically demanding. Therefore, all participants must indicate any medical or physical conditions that might create special considerations for themselves and others. Physical strength is not required; although being in good condition will increase your enjoyment of the program activities. If there is any doubt about your ability to safely participate in the program activities, you should consult your physician prior to submitting this form. This information is confidential and to the extent allowed by law will only be shared with Outdoor Recreation staff to make your experiences as safe and enjoyable as possible. Thank you for your full disclosure.

Name of Participant: _____ Student ID#: _____ DOB: _____

Emergency Contact Name: _____ Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

Known Allergies: _____

Do you carry an EpiPen or Epinephrine?: _____ No _____ Yes

Relevant Health Conditions: _____

Current Medications (include all prescriptions and over the counter medication): _____

Excluded Activities/Restrictions: _____

Permission to treat: Participant is 18 years of age or greater Participant is under the age of 18

Participant or participant's parent hereby represents that participant is physically capable and, if under the age of 18 has permission, to engage in all physical activities unless otherwise noted above. I hereby give permission to the medical personnel selected by the designated SHSU authority, to order medically necessary tests, treatment, and transportation for me/or my child. In an emergency, if the emergency contact named above cannot be reached, I hereby give permission to the physician selected by SHSU to administer treatment, including hospitalization deemed medically required, for me/ my child. I hereby release and hold harmless Sam Houston State University, the Texas State University System, their regents, employees and volunteers (the "released parties") from any and all claims, causes of action, damages, injuries, or losses of any kind whatsoever that may result, directly or indirectly from any decisions or actions of released parties.

Please return this form and waiver by mail to:

Bearkat Camp
Sam Houston State University
Box 2387
Huntsville, TX 77341

Continued on reverse

Signature

Date

ASSUMPTION OF RISK

I/my child plan to participate in the Sam Houston State University (SHSU) sponsored activity described above. I have been briefed about safety consciousness and preparedness during the above mentioned activity. I am aware that I/my child has a personal duty and responsibility to exercise common sense and to follow the safety standards, guidelines, and procedures established by the SHSU authority. I/my child will notify the SHSU authority if, at any point during the activity, I/my child questions knowledge of such standards, guidelines and procedures and/or ability to participate in the activities without risk. I/my child is am aware that this activity may be led by an undergraduate student(s). I/my child is am aware that the use of alcohol, illegal drugs or the illegal use of legal drugs is prohibited and is grounds for dismissal from this activity and/or additional disciplinary action. I/my child is aware that participating in this activity includes exposure to inherent risks including, but not limited to, **PERSONAL INJURY, DEATH, or PROPERTY DAMAGE**. I accept these risks. I also affirm that I/my child currently have medical insurance.

I/my child is voluntarily participating and accept all risk and responsibility.

WAIVER AND RELEASE

In consideration of the permission given by Sam Houston State University (SHSU) to participate in the above mentioned activity, I, (for myself, my heirs, executors, and administrators), **RELEASE, DISCHARGE, AND AGREE TO INDEMNIFY** SHSU, the Board of Regents, Texas State University System, the trip leader(s), and all of the university's and Regents officers, agents, volunteers and employees (the released parties) **FROM ANY AND ALL LIABILITY ARISING** from or in connection with my/my child's participation in the above-mentioned activity, **REGARDLESS OF WHETHER SUCH LIABILITY IS CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. I INTEND THAT THE INDEMNITY PROVIDED IN THIS WAIVER AND RELEASE IS INDEMNITY BY ME AND MY CHILD TO THE RELEASED PARTIES FROM THE CONSEQUENCES OF THEIR NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR A CONCURRING CAUSE OF THE LIABILITY.**

I have been informed and understand the risks and dangers inherent in the above described activity and that I participate freely and without guarantee or compulsion. I am of lawful age and legally competent and empowered to execute this affirmation, waiver, and release on my own behalf.

MEDIA RELEASE

I understand that photos and/or video taken of me/my child may be used for the purpose of promoting Sam Houston State University (SHSU) and various programs of the institution in media that may include printed material, web and/or video. I agree to allow my/my child's image to be used for this purpose and that any likeness of me may be disseminated for public release by Sam Houston State University (SHSU).

**I HAVE READ AND UNDERSTAND THIS DOCUMENT,
AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE.**

Signature of Participant

Date

Signature of Parent or Legal Guardian (if under 18)

Date