PLEASE FILL OUT BOTH PAGES OF THIS FORM. PRESS THE SUBMIT BUTTON AT THE BOTTOM OF PAGE 2 TO SUBMIT IT VIA EMAIL. ONE FORM PER CHILD, PER SUMMER.

Authorization for Medical Treatment & Emergency Contact
Southern Methodist University

STUDENT NAME _____

EMERGENCY CONTACT

Parent's Name _____

Employer _____

Address _____

Telephone _____ Cell Phone _____

Additional Contact Name _____

Employer _____

Address _____

Telephone _____ Cell Phone _____

ALLERGIES OF CHILD

_____

_____

Any other information concerning your child (e.g., special characteristics or learning style) that might help us provide him/her with the best possible experience in our workshop(s):

_____

_____

AUTHORIZATIONS

I. In the event that I (we) cannot be reached to make arrangements for emergency medical attention, I (we) authorize Southern Methodist University to take my child to the nearest medical facility for necessary treatments. If time allows, please call Dr. _____ Phone # _____.

II. I, _____, give permission for my child, _____, to be photographed for editorial, promotional, and audiovisual presentations by Southern Methodist University. I consent to reproduction and use of these photographs and understand that my child's name will not be used.

_____ _____

Parent's Signature Date

(By typing your name here, you agree that this is valid as your signature)

Please complete both pages of this document

RELEASE OF LIABILITY FOR STUDENTS

Please read carefully before signing; parent/guardian must sign if the student is under age 18.

I, _____, Parent/Guardian of_____ ("my child"), hereby acknowledge that I have freely and voluntarily chosen to enroll my child in workshop(s) at Southern Methodist University (main campus or SMU-in Plano) . In consideration for my child's being permitted to participate in the Workshop at SMU, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am eighteen (18) years of age or older and competent to sign this affirmation and release.

I fully understand and agree that certain aspects of the Workshop could be physically demanding and that my child faces risks of accidental or other physical and/or emotional injury by participating in the Workshop. These risks may include, but are not limited to, (1) loss or damage to personal property, and (2) injury or fatality due to (a) use of electrical equipment, such as computers, and (b) walking, running, jumping, or other physical activity, or inclement weather and conditions, which may cause slips and falls.

I understand and assume the risks for my child's participation in the Workshop. I further represent that my child is in good physical condition, and does not possess, nor am I aware of, any physical or mental disabilities that will limit his/her ability to participate in the Workshop.

WORKSHOP SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH MY CHILD'S PARTICIPATION IN THE WORKSHOP, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON HIS/HER PART, OR THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTIONS.

The laws of the State of Texas govern and construe the terms of this Release of Liability.

ACCEPTED AND AGREED

_____ _____

Parent's Signature — Date

(By typing your name here, you agree that this is valid as your signature)

_____ _____

Parent/Guardian's Printed Name — Area Code/Phone

_____

Address/City/State/Zip Code

Press the button below to submit via email. It is preferable that you submit via email, but you may print and fax or mail a hard copy of this form. You may also bring this completed form to your child's teacher on the first day of class if necessary.

Submit Via Email