PARENT/GUARDIAN SIGNS IF PARTICIPANT IS UNDER 18 YEARS OF AGE
RELEASE OF LIABILITY FOR SMU-PERKINS SCHOOL OF THEOLOGY FAITH CALLS PROGRAM
(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, the Parent/Guardian of _____, enrolled at _____(Name of High School) hereby acknowledge that I freely voluntarily wish my child to participate in Southern Methodist University's ("SMU") Perkins School of Theology Faith Calls program in and around the Dallas/Fort Worth Metropolis or other locations in the Southwestern region from _____, through _____, at the following site_____ (the "Activity"). In consideration for SMU's arranging this opportunity for my child to participate in the Activity, 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 state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree that I must arrange my child's transportation to and from the Activity, and that such transportation will not be covered by any insurance policy owned by SMU. I further understand that if I provide my child's automobile transportation for the Activity, I must provide automobile collision and liability insurance, at my expense.

My child and I fully understand and agree that certain aspects of the Activity may be physically and emotionally demanding and that by my child's participation in the Activity, he/she faces the risk of accidental and/or other physical and/or emotional injuries. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) traveling to and from and/or during the Activity, (b) the condition of outdoor facilities, tools, equipment or other instruments my child may use for this Activity (c) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, (d) slips and falls, and (e) any and all other aspects and stresses related to the Activity, including interaction with personnel, who may not be employees of SMU, among others. I understand and assume the risks of my child's participation in the Activity.

My child and I have fully investigated the nature of the Activity, including whether participants will be subjected to physical and/or emotional stresses, and my child and I understand and assume the risks of my child's participation in the Activity. My child agrees to advise the Activity Coordinators at any point when he/she questions his/her ability to participate in any part of the Activity.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE ACTIVITY SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS 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 ACTIVITY, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON THE PART OF SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability 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 of Liability 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 of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and me and/or my child involving this Release of Liability in any way shall be in Dallas County, Texas.

ACCEPTED AND AGREED:

By:_____Date:_____
Parent's/Guardian's Signature

_____Phone:_____
Parent's/Guardian's Printed Name

_____
Parents/Guardian's Address / City / State / Zip Code