

PARENT PERMISSION FORM

2011 High School Communications Workshop

Please note that there are two separate permission forms that must be filled out completely by a parent or guardian for each student before he or she may attend the 2011 High School Communications Workshop. In addition to this document, there is a two-page document that must also be completed and will be put on file with Texas A&M University. Forms must be received prior to check-in on the first day of the workshop. Please print or type the necessary information and mail completed forms to Balfour Yearbooks, 2930 Chimney Rock, Houston, TX 77056.

School Name

School Name _____

STUDENT INFORMATION

Student Name (First, Middle & Last) _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____ Birth Date _____ Sex _____

PARENT/GUARDIAN INFORMATION

Parent or Guardian's Name _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____ Daytime/Work Phone _____

PHYSICIAN INFORMATION

Family Physician _____

Office Address _____

City _____ State _____ Zip _____ Office Phone _____

HEALTH INFORMATION

General Health (check one): Excellent Good Fair Poor

Is there anything in your physical condition to limit your activities at the workshop? Please describe:

Are you allergic to any foods or drugs? Yes No

If so, please describe: _____

Do you take any medications regularly? Yes No

If so, please describe medication & condition: _____

Insurance Company's name and your Policy Number: _____

RELEASE INFORMATION

I understand that all the information on this permission form is confidential and is requested only for the 2011 High School Communications Workshop in caring for the health needs of the workshop attendees. As the legal guardian of the attending student listed on this form, I hereby authorize the Workshop Director to secure any emergency examinations and treatments which are deemed necessary while the above named student is at the High School Communications Workshop. I understand that in case of a serious illness or injury, the parent or guardian listed above will be notified. However, should efforts to contact the parent or guardian fail and emergency treatment is deemed necessary, we empower the Workshop Director to assume responsibility for obtaining said treatment from a licensed medical facility at the family's expense. We hereby release Texas A&M University, Balfour Yearbooks, Taylor Publishing Company, Campus Impressions USA LP, CIUSA Interests Inc. and the Workshop Director and Staff from any and all liability for any injuries sustained as a result of any accidents caused by the negligence of the participant.

Parent/Guardian Signature _____ Date _____

High School Communications Workshop

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 H.S. Communications Workshop _____ (herein referred to as "camp"), which is sponsored by Student Media _____, (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 classroom activities, training activities, and the workshop dance _____, 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: _____
