

Authorization and Release Form
Texas A&M University, College Station, Texas

I (We), the undersigned, being the natural parents and/or the designated legal guardian(s) or custodian(s) of

(Name) _____ (gender) _____ a minor, date of birth ____/____/_____
(Printed) (Last) (First) (MI) (M/F) Month/Date/Year

residing at _____, _____, _____
(Street) (City) (St) (Zip)

enrolled at _____ in _____, hereby authorize, consent and contract as follows:
(High School) (Grade)

- a. Permission is expressly granted for said minor child (student) to attend the Youth Leadership Conference (YLC) to be held at **Texas A&M University, College Station, Texas**, hereinafter referred to as conference site, during the period **July 19th to July 23rd, 2020** inclusive, including necessary travel time, under the joint sponsorship of the Military Order of the World Wars (MOWW), and affiliated organizations (collectively MOWW), with funding by the Texas Patriotic Education Foundation, Inc.,
- b. It is understood that said child (student) was invited to attend the Conference after being selected from among other applicants in an interview process conducted and sponsored by the MOWW, who will provide the expenses incurred by the child's (student's) attendance, including transportation, tuition, lodging, meals, tours, materials, and all Conference activities.
- c. I (we) hereby release, and contract to hold harmless, the MOWW, and any other cosponsors of the YLC, from any and all known or unknown liability, negligence, and/or gross negligence and will be responsible for the child's (student's) welfare, well-being and control for the entire period of the Conference, including the day of arrival and the day of departure from the Conference site.
- d. By my (our) signature(s) hereto, I (we) attest that I (we) fully understand that I (we) waive any and all rights whatsoever and AGREE NOT TO EXERCISE any right to make a claim or litigate against the Sponsoring Organization and/or the MOWW.

Witness my (our) signatures this _____ day of _____, 2020.
(date) (month)

_____ (Signature)	_____ (Signature)
_____ (Name Printed)	_____ (Name Printed)
Relationship: _____	Relationship: _____
Address: _____ (Street)	Address: _____ (Street)
_____ (City) (St) (ZIP)	_____ (City) (St) (ZIP)
Phone No. (home): (_____) _____	Phone No. (home): (_____) _____
Phone No. (work): (_____) _____	Phone No. (work): (_____) _____
Student Cell No.: (_____) _____	Parental Cell No.: (_____) _____
Student Email: _____ Printed	Parental Email: _____ Printed

The Military Order of the World Wars
& Affiliated Organizations
With funding by the Texas Patriotic Education Foundation, Inc.

Accepted by (Sponsor)

(Sponsoring Chapter or Organization)

Southwest Youth Leadership Conference

Program Name

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

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1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Southwest Youth Leadership Conf. (herein referred to as "camp"), which is sponsored by the Military Order of the World Wars, (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 _____, 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 _____ 2020

Participant signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(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: _____

TAMUS-OGC-Approved 06/2007