

**The University of Texas at Austin
Youth Protection Program
Media Release**

Camper's Name: _____
Program Name/Session: Project MALES Summer Leadership Camp

This form must be completed and returned to the camp director prior to the program start date.

I hereby grant full permission to The University of Texas at Austin to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication, or any other purpose The University of Texas at Austin deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said media, including, but not limited to, web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by The University of Texas at Austin.

This consent and waiver will not be made the basis of a future claim of any kind against The University of Texas at Austin and any of its agencies.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: Project MALES

Camp Director: Emmet Campos

Camp Director Phone: 5124711781 Camp Director Fax: _____

Camp Director Mailing Address: 505 E. Huntland Dr. Ste 270

**The University of Texas at Austin
Youth Protection Program
Permission to Leave Campus**

Camper's Name: _____
Program Name/Session: Project MALES Summer Leadership Camp

This form must be completed and returned to the camp director prior to the program start date.

For the safety of your child and for liability reasons, we will not allow campers to leave campus without your prior permission from a parent or legal guardian, other than for emergency or pre-approved doctor visits. Due to the size of the camps, we are unable to accept leave requests submitted after the program start date. Please list any adults (eighteen years or older) below, including the parent/legal guardian, to whom you grant permission to take your child off campus. All those listed will be required to show identification when picking up your child. Please note that submission of Permission to Leave Campus form does not guarantee that the request will be approved.

I _____, the parent/guardian of _____ give permission to the persons listed below to take my child off campus during times that will not conflict with any scheduled activities within the _____ (camp/program name).

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		
5.		

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: Project MALES

Camp Director: Emmet Campos

Camp Director Phone: 5124711781 Camp Director Fax: _____

Camp Director Mailing Address: 505 E. Huntland Dr. Ste 270

**The University of Texas at Austin
Youth Protection Program
Release and Indemnification Agreement**

This form must be completed and returned to the camp director prior to the program start date.

Participant:

Camper's Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____

Description of Activity: Workshops, Recreational Activities, & Speaker Series

Location: The University of Texas at Austin

Dates: July 20th & 21st, 2018

I am the Parent/Guardian of _____ (participant name), who is under eighteen years of age and I _____ (parent/legal guardian) am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: Project MALES

Camp Director: Emmet Campos

Camp Director Phone: 5124711781 Camp Director Fax: _____

Camp Director Mailing Address: 505 E. Huntland Dr. Ste 270

**The University of Texas at Austin
 Youth Protection Program
 Transportation Form**

Camper's Name: _____
 Program Name/Session: Project MALES Summer Leadership Camp

*This form must be completed and returned to the camp director prior to the program start date.
 Choose the appropriate transportation option for your minor.*

Parent/Legal Guardian Drop-Off/Pick-Up

I _____, the parent/guardian of _____ ("my child")
 will drop-off and pick-up my child from _____ (camp/program name) during
 the duration of the camp/program

If I _____, the parent/guardian of _____ am unable to
 pick-up or drop-off my child the person named below will be responsible for picking up my child.

I grant permission for the following people below to pick my child up from
 _____ (camp/program name). *(This person is required to show photo identification to
 the designated camp personnel).*

Full Name	Phone Number	Driver's License Number (Required)	Expiration Date	Address
1.				
2.				
3.				
4.				
5.				

 SIGNATURE OF PARENT/LEGAL GUARDIAN

 DATE

 PRINT NAME

Permission to Walk/Bus/Bike

I _____, the parent/guardian of _____ authorize and
 give consent to _____ (camp/program name) to release my child from
 _____ (camp/program name) without parental or guardian supervision and
 hereby consent, acknowledge and allow my child to walk bus bike to and from
 _____ (camp/program name).

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby
 release The University of Texas at Austin, its governing board, officers, employees and representatives from
 any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for
 any and all illness or injury to my child's person, including his/her death, that may result from or occur
 during my child's walk, bus ride or bike to and from the camp without parental or guardian supervision,

whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF TEXAS AT AUSTIN CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

Permission to Drive

Campers may not drive or have cars on campus during camp. Exceptions are made for campers with special circumstances and parental permission. To request permission to drive or have cars on campus, campers (or their parents or guardians) should contact _____. Due to university parking restrictions, _____ (camp/program name) does not offer parking permits. Day-campers must pay daily to park in the adjacent _____ parking garage. Upon arrival, campers' car keys must be turned in to the camp office. They will be returned at the end of the day. Campers are responsible for all parking charges.

I _____, the parent/guardian of _____ give permission to my child to drive to campus to participate in _____ (camp/program name). I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to campers who have been approved to drive to camp:

1. Campers must turn in their car keys to the camp office each morning. The keys will be returned at the end of the day.
2. Campers are not allowed to provide rides to other campers.
3. Campers may not leave campus for lunch.
4. All campers driving to and from camp will be required to check in with their counselor after arriving and before leaving each day.
5. Campers are responsible for all parking charges incurred.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

Permission for Camper Self Check-In/Check-Out (only for campers 15 years or older as of the first date of the camp/program)

I _____, the parent/guardian of _____ understand and acknowledge that _____ (camp/program name) begins [each day at/on] _____ and ends [each day at/on] _____.

I authorize and give my consent to allow _____ to check-in and/or check-out [each day] during the duration of the _____ (camp/program name). I _____ the parent/guardian of _____ give my consent to arrive alone to camp and leave alone after check-out once the camp has concluded.

I _____, the parent/guardian of _____ understand _____ does not have permission to leave the camp/program for any reason, this only authorizes _____ to check-in independently at the beginning of the camp/program and/or check-out independently at the conclusion of the camp/program.

In signing this form, I _____, the parent/guardian of _____ certify the information provided is true and accurate. I agree at the conclusion of [each day of] the camp/program The University of Texas at Austin will no longer have custodial responsibility for _____. I also recognize _____ should leave The University of Texas at Austin immediately following the conclusion of the _____ (camp/program name) they are enrolled in.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: Project MALES

Camp Director: Emmet Campos

Camp Director Phone: 5124711781

Camp Director Fax: _____

Camp Director Mailing Address: 505 E. Huntland Dr. Ste 270

**The University of Texas at Austin
Youth Protection Program Consent for
Treatment/Immunizations of a Minor**

FOR UNIVERSITY HEALTH SERVICES USE ONLY

Patient Name: _____

Medical Record #: _____

DOB: _____ Gender: _____

Provider: _____ Date: _____

This form must be completed and returned to the camp director prior to the program start date.

Personal Information

Camper's Last Name _____ First Name _____ Birthdate _____ M F

Specify program your child will attend _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Parent/Guardian 1 _____ Daytime Phone _____ Place of employment _____

Parent/Guardian 2 _____ Daytime Phone _____ Place of employment _____

Health Insurance Carrier _____ Policy Number _____ Plan Number _____

Is physician authorization needed? Yes No Family Physician _____ Phone _____

In case of emergency, please notify the following individual(s) if neither parent nor guardian is available:

1. _____ Phone _____

2. _____ Phone _____

Health History

Allergies: _____

Date of most recent tetanus immunization: _____

Please list any *major* past illnesses (contagious and non-contagious): _____

Please list any *major* operations or serious injuries (include dates): _____

Has the camper ever been hospitalized? No Yes

Does the camper have a chronic or recurring illness? No Yes

If YES, explain: _____

Is there anything else in camper's health history that the camp staff should know? _____

Are there any activities from which the camper should be restricted? No Yes

Does the camper have any special dietary restrictions? No Yes

If YES, explain: _____

Does the camper wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes

If YES, explain: _____

Is the camper's immunization record current showing that the camper has been immunized in accordance with the Texas Department of State Health Services Minimum State Vaccine Requirements? No Yes ***If No***, attach official documentation of TDHS exemption from immunizations for Reasons of Conscience or a Physician's Statement of medical contraindications.

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (participant name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

SIGNATURE OF CAMPER

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CAMPER'S DATE OF BIRTH

PROGRAM NAME

Will the camper need to take any medication at camp? No Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

The University of Texas at Austin sponsored _____ (camp/program name) designated personnel will not dispense non-prescription or prescription medication to the above named participant until the following information has been completed by a parent or guardian. It is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

I _____, the parent/guardian of _____ give permission to the staff of the _____ (camp/program name) to administer the prescription medications listed above.

My child may possess and self-administer the following medicine: _____ and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and I hereby release them from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

PRINT NAME

I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules.

The University of Texas at Austin honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link <http://www.healthyhorns.utexas.edu/privacy.html> to the University Health Services Notice of Privacy Practices.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

Please Return to Camp Director:

Name of Program: Project MALES
Camp Director: Emmet Campos
Camp Director Phone: 5124711781 Camp Director Fax: _____
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