



Youth Programs Mandatory Forms

Note: Camps that include activities at the University Recreation Center require additional waivers, alike camps that involve overnight stays.

RELEASE AND INDEMNIFICATION AGREEMENT FORM
UTRGV-Youth Programs Participation/Youth Program Camp Travel

Name of Youth Program: _____ **Youth Program Date(s):** _____

GENERAL PROGRAM DESCRIPTION:

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ City _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

PARENT/GUARDIAN INFORMATION FOR MINOR PARTICIPANTS-Under 18 years of age:

Name: _____ Relationship: _____

Address: _____ City _____ State: _____ Zip Code: _____

Phone #: _____ Alternate Phone # : _____

Relationship: _____ Email: _____

1. _____ I am the above named participant who is eighteen years of age or older, (or the Parent/Guardian of the above named participant who is under eighteen years of age), and I am fully competent to sign this Agreement. I have voluntarily applied to participate in (or give my participant permission to engage in) the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me (or my participant) to hazards or risks that may result in my (or participant's) illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

* 2. _____ In consideration of my (or the permission I give my participant in) taking part in the Activity or Trip, I hereby accept all risk to my (or my participant's) health and of my (or his/her) injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me (or participant), my (or 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 my (or participant's) property and for any and all illness or injury to my (or participant's) person, including my (or his/her) death, that may result from or occur during my (or participant's) participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for injury or death of any person(s) and damage to property that may result from my (or participant's) negligent or intentional act or omission while participating in the described Activity or Trip.

* 3. _____ 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 NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Student Signature: _____ Date : _____ UTRGV Witness Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____ UTRGV Witness Signature: _____ Date: _____

UTRGV YOUTH PROGRAM APPLICANT AND CONFIDENTIAL MEDICAL INFORMATION

Youth Program Name: _____

Date(s): _____ **Time(s):** _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A YOUTH PROGRAM PARTICIPANT, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous or recreational time may not be recommended. **This information will be kept in strict confidence and will only be shared with your permission.** UTRGV requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1. GENERAL INFORMATION

Youth Participant name: _____ Address: _____

Date of Birth ____/____/____ Gender: M ____ F ____

Parent/Legal Guardian name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Please list two emergency contacts:

_____	_____	_____	_____	_____
Emergency Contact # 1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

_____	_____	_____	_____	_____
Emergency Contact # 2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

PART 2. MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in this UTRGV Youth Program. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Youth Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's name: _____ Phone Number: _____

Are you up to date with immunizations required by your school (circle one) Yes No
If you are participating in an overnight youth program, a copy of your immunization record will be required.

Do you have health/accident insurance (circle one) Yes No If yes, please indicate policy number, name, and address of company. Please also include a copy of the back and front of your insurance card:

Company Name/Address _____ Policy Number: _____

For the following, circle appropriate response and explain as appropriate:

Does camper have any limiting medical conditions that you or your doctor feel would limit Youth Program participation?

Yes No If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in the Youth Program?

Yes No If yes, identify and explain:

Does camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No If yes, identify and explain:

Does camper have a history of, or currently suffer from, medical conditions(s) with which we should be aware?

Yes No If yes, identify and explain:

PART 3. AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the nearest hospital. If traveling off campus, Youth Program Staff will select qualified facility. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. Medical facilities will not perform services unless this signed medical release form.

_____ (Youth Participant Name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this UTRGV Youth program. I will assume financial responsibility for any cost of health care that may occur during this Youth program.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Youth program . By signing my name I represent and warrant that I have provided all materials and important information to UTRGV pertaining to my child’s medical, mental and physical condition and that it is accurate and complete. I agree to notify UTRGV of any changes in my/my child’s mental, physical or medical condition prior to my child’s scheduled Youth Program.

By revealing or disclosing the above medical information, it will not be used by UTRGV personnel or employees to determine my child’s ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of my child and myself.

SIGNATURE IS REQUIRED:

_____ Youth Program Participant	_____ Youth Program Participant Signature	_____ Date
_____ Parent/Legal Guardian Name	_____ Parent/Legal Guardian Signature	_____ Date
_____ UTRGV Witness Name	_____ UTRGV Witness Signature	_____ Date

The University of Texas Rio Grande Valley

[Youth Program Name]

Leave Authorization List

Rules, participants are not allowed to leave campus with anyone if not previously authorized by their parent(s) or legal guardian. In order to assure the safety of your son/daughter, please provide the program with a list of names that you (Parent or Legal Guardian) approve to pick up your son/daughter in case of an emergency and only if, you are not able to pick up your son/daughter yourself.

Name/Nombre	Relation/Relación	Address/Dirección	Phone/Teléfono
1.			
2.			
3.			
4.			
5.			

Government-issued picture ID's or parent pickup authorization card if provided by the youth program will be required to pick up participants.

I, _____, as the Parent or Legal Guardian of _____, hereby authorize the UTRGV Youth Program staff to release my son/daughter to the above listed persons and release the UTRGV Youth Program staff from any liability that may arise by them releasing my son/daughter to them. I fully understand that once my son/daughter is released to any of the above authorized individuals, it will be their responsibility and not the program's to ensure their safety and well-being.

*Note: If you have special concerns or circumstances about picking up your child please discuss them with the Youth Program director.

Parent/Guardian Name

Parent/Guardian Signature

Date

Release of Student Information, Pictures, & Video

CONFIDENTIALITY OF INFORMATION

The personal information that you provide UTRGV will be maintained within the UTRGV DEPARTMENT NAME. This information is protected by the Family Educational Rights and Privacy Act of 1974.

RELEASE OF STUDENT INFORMATION

I, _____, authorize UTRGV to release official transcripts, test scores, and
Parent/Guardian Name

other records of my son/daughter _____ to the professional staff of UTRGV for evaluation purposes. I also authorize the professional staff of UTRGV to further release these records to other institutions for admission, educational planning, and program developing purposes.

- Yes, I do** agree with the conditions stated above.
- No, I do not** agree with the conditions stated above.

AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS

I, _____, authorize UTRGV to use photographs of _____.
Parent/Guardian Name *Participant Name*

I understand that these photographs will be utilized for promotional, recruitment, and informational purposes in the form of newsletter, newspaper, pamphlet, brochure, scrapbook, commercials, news, documentary, promotional video, and/or any other media form and/or any other media form that will require his/her image.

- Yes, I **do** agree with the conditions stated above.
- No, I **do not** agree with the conditions stated above.

PARENT/GUARDIAN SIGNATURE FOR ABOVE STATEMENTS

Parent/Guardian Signature

Date