



**WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT
AUTHORIZATION FORM**

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of Summer Music Camps (herein referred to as "activity"), which is sponsored by Texas A&M University-Commerce, SUMMER CAMPS (herein referred to as "sponsor"), a member of The Texas A&M University System, 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, 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 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 myself and others involved with this activity and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me 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 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, other participants, and third-persons as a result of my 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 do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does 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 sponsor, a governmental unit of the State of Texas, 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 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, 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 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. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily 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)

TEXAS A&M UNIVERSITY-COMMERCE

MEDIA RELEASE AND WAIVER

I, (printed name of participant) _____, do hereby give Texas A&M University-Commerce, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, or video in all forms and media and in all manner, for advertising, trade or in any other lawful purpose for the benefit of Texas A&M University-Commerce only. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website that may be created in connection therewith. I am eighteen (18) years of age or older. I understand that Texas A&M University-Commerce cannot control the unauthorized use by persons other than Texas A&M University-Commerce, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my name and image must be pursued by me against the unauthorized user. Texas A&M University-Commerce disclaims any responsibility for such unauthorized use of my published name or image.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntary and irrevocably give my consent and agree to this Release and Waiver.

Executed this _____ day of _____, _____

Signature _____ Witness _____
Signature of person whose printed name appears above.

Address _____

City, State, Zip _____

Primary Phone _____ Secondary Phone _____

IF PARTICIPANT IS UNDER THE AGE OF 18, his or her parent/legal guardian must sign below:

I, (printed name) _____, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights there from.

Signature of Parent/Legal Guardian: _____

Date: _____ **Phone Number:** _____

Address: _____

City, State, Zip: _____

CHECK WHERE APPROPRIATE

Membership Purchase: _____

Daily Guest Pass: _____

Intramural/Facility Visitor: _____

Summer Camp: _____



CAMPUS RECREATION

TEXAS A&M UNIVERSITY - COMMERCE

A Member of The Texas A&M University System

ASSUMPTION OF RISK, MEDICAL RELEASE, AND INDEMNIFICATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Campus Recreation (herein referred to as "activity"), which is sponsored by Texas A&M University - Commerce (herein referred to as "sponsor"), a member of The Texas A&M University System, 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, 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 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 myself and others involved with this activity, including but not limited to Injury or Death, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me 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 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, other participants, and third-persons as a result of my 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.**

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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 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, 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 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. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university.

**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)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (**bolded, underlined, and italicized**) in paragraph nos. 1, 2, 5 & 6 should not be altered.



A&M
COMMERCE

LEADERSHIP, DRUM MAJOR AND COLOR GUARD CAMP

STUDENT DROP OFF, REGISTRATION, CHECKOUT
AND PARENT PICKUP SCHEDULE (2022)

Sunday, June 19th

11:00 AM	Staff/Counselor Check In	(Phase II/Pride Rock Residence Halls)
1:00 PM	Camp Registration Begins	(Rayburn Student Center)
4:00 PM	Dinner on Your Own	-----
6:15 PM	Opening Camp Meeting	(Music Building – Finney Concert Hall)
7:15 PM	Camp Sessions Begin	(Various)

- *When entering the Rayburn Student Center, please leave instruments, luggage and bedding in your vehicle, there is insufficient space in that area for these items.*
- *Please have all forms completed and ready to hand in when you arrive (Media Release, Medical Treatment Release, and Assumption of Risk Release). These forms must be signed by your legal guardian BEFORE you arrive on campus.*
- *Once you have completed registration, you need to move immediately to your assigned residence hall (Phase II Residence Hall) unless told otherwise during registration.*

Thursday, June 23rd

11:00 AM	Drum Major Camp Concludes	
11:00 AM	Color Guard Camp Final Performance	(Memorial Stadium)
11:30 AM	Leadership Camp Final Performance	(Memorial Stadium)
12:00 PM	All Camps Are Concluded	-----

- *All campers will be led back to their housing (on foot) by camp staff following the closing of camp. Parents/Guardians may pick up their camper once they have been checked out of their room by TAMUC camp staff members.*
- *Students will not have time to shower following the performance. The residence hall must be reset for the next camp.*
- *Only breakfast is provided on the final day of camp. Please wait until after you have checked out before stopping for lunch.*

Rayburn Student Center (registration)

2200 W. Neal Street
Commerce, TX 75428

Phase II Residence Hall (student campers)

2501 W. Neal Street
Commerce, TX 75428

Pride Rock Residence Hall (staff/resident directors)

2513 W Halls
Commerce, TX 75428

TAMUC Summer Music Camps

SummerMusicCamps@tamuc.edu
(903) 468-8124

