

SOUTHERN METHODIST UNIVERSITY

PARENT/GUARDIAN SIGNS IF STUDENT IS UNDER 18 YEARS OF AGE

RELEASE OF LIABILITY FOR PARTICIPANTS IN LACROSSE FIELD RENTAL

StickStar Lacrosse Practice

(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, the Parent/Guardian of _____, hereby acknowledge that I freely and voluntarily permit my child to participate in the **StickStar Lacrosse Practice** to be held on the campus of Southern Methodist University (“SMU”), on **5/14/19, 5/16/19, 5/21/19, 5/23/19, 5/28/19, 5/30/19, 5/31/19, 6/11/19, 6/13/19, 6/17/19, 6/18/19, 6/25/19, 6/27/19, 7/8/19, 7/10/19, 7/18/19, and 7/19/19** (the “Event”). I understand that participation in the Event is completely voluntary; that my child is under no obligation to take part in the Event; that the Event is provided in conjunction with SMU to enhance my child’s educational experience; and that **NO INSURANCE COVERAGE MAY EXIST THROUGH SMU TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD’S PARTICIPATION IN THE EVENT**. In consideration for SMU’s arranging this opportunity for my child to participate in the Event and enhancing my child’s educational and/or competitive experience and development, I have fully read this Release of Liability and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further represent that I am at least eighteen (18) years of age and competent to sign this affirmation and release.

I understand that my child must arrange his/her own transportation related to the Event. I understand that if my child chooses to take his/her own automobile he/she must provide his/her own automobile collision and liability insurance. I also understand that if my child accepts transportation offered to him/her by another Event participant and/or SMU student, staff, or faculty member driving his/her own automobile, that my child accepts such transportation at his/her own risk. I understand and agree that whatever alternate mode of transportation he/she may choose will not be covered by any self-insurance, or insurance policy owned by SMU.

I fully understand and acknowledge that certain elements of the Event may be physically and emotionally demanding and that by my child’s participation in the Event, he/she faces risks of accidental and/or other physical and/or emotional injuries. These risks may include, but are not limited to, (1) loss or damage to personal property; (2) physical or emotional injury or fatality due to, and/or related to, (a) all modes of travel while participating in the Event, whether by airline, automobile, train, boat, trolley, taxi, ride-sharing service, bus, public transportation or walking, (b) the condition of facilities away from the SMU campus, which are not under the control and maintenance of SMU, (c) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, including but not limited to: sunburn, heat exhaustion, insect bites/allergies, dust, dirt, etc., as well as any and all injuries whatsoever, including fatality, which may be sustained from activities of the Event, including, but not limited to, any and all injuries related to physical activity, such as walking, running, jumping, contact with lacrosse sticks and balls, colliding with other participants, slips and falls, such injuries include, but are not limited to, head concussions, broken bones, torn ligaments and tendons, sprains, severe contusions, lacerations, and all other injuries that may occur during the course of intense athletic competition, (d) any and all other aspects and stress related to the Event, including interaction with personnel who are not employees of SMU, and risks inherent to travel to a rural or metropolitan area, and (e) suffering any type of injury, illness, or infectious disease with or without immediate access to medical facilities.

I understand and voluntarily choose to allow my child to assume the risks of his/her participation in the Event and hereby represent that he/she is able to participate in this Event, with or without reasonable accommodations. I further acknowledge that my child has asked for and has received reasonable accommodations for any disability my child may have brought to the attention of the Event Supervisor, having first presented valid certification of his/her disability. My child and/or I agree to advise the Supervisor at any point when my child questions his/her ability to participate in any activity of the Event.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD’S PARTICIPATION IN THE EVENT SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD’S PARTICIPATION IN THE EVENT, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD AND/OR ON THE PART OF SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, OR ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, VOLUNTEERS, AND/OR ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and I involving this Release of Liability in any way shall be in Dallas County, Texas.

ACCEPTED AND AGREED:

By: _____
Parent’s/Guardian’s Signature

_____ Date: _____
Parent’s/Guardian’s Printed Name

Student/Minor’s Name: _____

EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION FORM

1. Please identify all known allergies to foods, drugs, insect bites, dust, etc. and the nature of the reaction (if none, please put N/A):

2. In case of emergency, the following person should be contacted:

Name: _____ Relationship _____

Day Phone: _____ Night Phone _____

Please sign below to provide consent for emergency medical treatment. Please note that program coordinators are not trained medical professionals and may not be able to help if a serious accident or illness occurs.

Parent/Guardian signs if participant is under 18 years of age:

I hereby authorize Southern Methodist University (“SMU”) to acquire, at my expense, any and all necessary emergency medical care required for my child, while he/she is participating in the **StickStar Lacrosse Practice** to be held on the campus of SMU, on **5/14/19, 5/16/19, 5/21/19, 5/23/19, 5/28/19, 5/30/19, 5/31/19, 6/11/19, 6/13/19, 6/17/19, 6/18/19, 6/25/19, 6/27/19, 7/8/19, 7/10/19, 7/18/19, and 7/19/19** (the “Event”). This authorization does _____ does not _____ (check one) authorize blood or blood products to be provided to my child.

By: _____ Date _____

_____ Phone _____

(Printed Name)

_____ Address _____

(Printed Name of Participant)

NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO PARTICIPATION IN THE EVENT.