

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANTS

PARTICIPANT: (Name and Address)

INSTITUTION  
Schreiner University

\_\_\_\_\_  
Name (last name first- please print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL: **Soccer Camp**

PRINCIPAL LOCATION(S): **CAMPUS OF SCHREINER UNIVERSITY** DATE(S):6/12/17-6/15/17

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and has voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Agreement

I give permission for Participant to participate in the above-referenced Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel could possibly expose Participant to hazards or risks that could result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I grant Schreiner University and its employees full authority to take whatever actions they may consider warranted under any circumstances regarding the protection of participant's health and safety. I understand and agree that if participant does not comply with all the rules, code of conduct, and instructions relating to this Activity and/or Travel, Schreiner University has the right to terminate his/her participation in this activity without refund.

In consideration of Participant being permitted to participate in the Activity and/or Travel, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release Schreiner University, 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 and/or Travel, whether caused by any type of negligence of Schreiner University, its governing board, officers, employees, or representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity and/or Travel.

**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 ABOVE DESCRIBED ACTIVITY AND/OR TRAVEL AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTUCUPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION, THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER THE INCIDENT TO THIS AGREEMENT OR ACTIVITY.**

\_\_\_\_\_  
Signature of Parent/Guardian\*

\_\_\_\_\_  
Signature of Women's Soccer Staff

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Women's Soccer Staff

\_\_\_\_\_  
Address( if different from Participant's Address)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

SCHREINER UNIVERSITY
MEDICAL INFORMATION AND RELEASE FORM—MINOR
(To be Completed by Parent or Legal Guardian. Please Print Clearly)

Name First Last
Address
City State Zip
Telephone Number ( ) Birthdate / / Sex

Emergency contact persons and phone numbers:

Name Name
Relation Relation
Telephone Number-day ( ) Telephone Number-day ( )

Telephone Number-night ( ) Telephone Number-night ( )

Medical Information: Physician Information

Dentist Information

Name Name

Address Address

Telephone Number-office ( ) Telephone Number-office ( )

Telephone Number-emergency ( ) Telephone Number-office ( )

Allergies

Health Insurance Company Telephone ( )
Group # Policy# I.D.#

Medication(s) you are taking (including dosage)

Dates of last Tetanus/Diphtheria Inoculations Blood Type

Special Health Needs or Concerns

Emergency Medical Authorization

I, the undersigned parent or legal guardian of , do hereby authorize Schreiner University and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to upon advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates for this authorization are through.

By signing this authorization, I represent to Schreiner University that I have legal authority to provide consent for this minor child.

(Signature of Parent or Legal Guardian)\* Date:

(Printed Name of Parent or Legal Guardian)

Privacy Statement: with few exceptions, you are entitled on your request to be informed about the information Schreiner University collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have Schreiner University correct information about you that is held by us and that is incorrect.

Original: Custodian Copy: Faculty or Staff member travelling with group

\*SIGNATURE REQUIRED ON COMPLETED FORM FOR PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY AND/OR TRAVEL