

Camp Tyler Foundation

Assumption of Risk & Release

Group Name: **Texas Asthma Camp for Kids**

Name of Participant: _____

I (adult) or my parents or guardian (youth), **[please circle one]** have been informed and made aware that during my stay at Camp Tyler Foundation, also known as Camp Tyler, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my participation in water activities of all kinds, as well as other such activities, including horseback riding, arranged for me by my organization and/or my group leader. We are informed and aware of these risks and dangers, and we assume them.

In consideration of Camp Tyler Foundation providing the facilities and my willingness to engage in the above-described and other various activities, I have and do hereby hold Camp Tyler Foundation, also known as Camp Tyler, and the Tyler Independent School District, its officers, directors, trustees, agents, employees and/or volunteers harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have now or which may arise from physical or emotional injury, including fatality, from or in connection with my stay or participation in activities at Camp Tyler which have been arranged for me by my organization or my group leader. I understand that the Tyler Independent School District is only a lessee of the property. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of my family.

In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical service should an emergency arise as determined by my organization director or other leader.

Signature of Participant (if adult)

_____ Date _____

Signature of Parent or Legal Guardian (of minor camper or staff assistant)

_____ Date _____

Telephone: Home _____ Work _____ Cell _____

Address _____

E-mail: _____

Emergency Name and Phone Number in the event the above cannot be successfully reached.

Name: _____

Telephone: Home _____ Work _____ Cell _____