

TEXAS ASTHMA CAMP FOR KIDS
ASSUMPTION OF RISK AND RELEASE

GROUP NAME: **Texas Asthma Camp for Kids**

NAME OF CAMPER, MINOR, OR ADULT STAFF MEMBER _____

Camp Photos and Publicity

I (adult) or my parents or guardian on my behalf (youth), **[please circle one]** consent to my being photographed or videotaped for the purpose of recording the camp session for yearbooks, photo albums, publicity, fund raising, etc.

Camp Release Form

I (adult) or my parents or guardian on my behalf (youth), **[please circle one]** have been informed and made aware that during my stay and participation at the Texas Asthma Camp for Kids located 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 activities including, but not limited to, fishing, crafts, archery, riflery, and basketball, arranged for me by the Texas Asthma Camp for Kids. I am informed and aware of these risks and dangers, and I assume them.

In consideration of the benefit of The University of Texas Health Science Center at Tyler conducting the Texas Asthma Camp for Kids and support being provided by Texas Chest Foundation, and my willingness to engage in the above described and other various activities, I have and do hereby hold The University of Texas Health Science Center at Tyler and Texas Chest Foundation, their 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 the Texas Asthma Camp for Kids which have been arranged for me by this organization or its group leader(s). 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.

Organization Texas Asthma Camp for Kids Date _____

Signature of Parent or Legal Guardian _____ Date _____

OR
Signature of Adult Staff Member _____ Date _____

Home Telephone _____ Work Telephone _____

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

Name _____ Daytime Telephone _____

Evening Telephone _____ Cell Phone _____ Pager _____