

The University of Texas Health Center at Tyler

**TEXAS ASTHMA CAMP FOR KIDS**  
**ASSUMPTION OF RISK AND RELEASE - CAMPER**

GROUP NAME: Texas Asthma Camp for Kids

NAME OF PARTICIPANT OR CAMPER: \_\_\_\_\_

**Camp Photos and Publicity**

I consent to my child being photographed or videotaped for the purpose of recording the camp session for yearbooks, photo albums, publicity, fund raising, etc.

**Camp Release Form**

I (parent or legal guardian) have been informed and made aware that during my child's 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 child's participation in water activities of all kinds, as well as other activities including, but not limited to, fishing, crafts, archery, riflery, basketball, and horseback riding, arranged for my child 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 Center at Tyler conducting the Texas Asthma Camp for Kids and my willingness to allow my child to engage in the above described and other various activities, I have and do hereby hold The University of Texas Health Center at Tyler, 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 child's stay or participation in activities at the Texas Asthma Camp for Kids which have been arranged for my child 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 March 27, 2007

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

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

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_