

THE UNIVERSITY OF TEXAS AT AUSTIN
Global Ethics & Conflict Resolution Summer Symposium
Department of Communication Studies
1 University Station #A1105 • Austin, Texas • 78712

**UNIVERSITY SPONSORED GLOBAL ETHICS & CONFLICT SYMPOSIUM
FOR HIGH SCHOOL STUDENTS**

M E M O R A N D U M

TO: Parents/Guardians of Prospective Campers
FROM: UT Global Ethics & Conflict Resolution Summer Symposium
RE: EXPRESS ASSUMPTION OF RISK

Shared Responsibility for Camp Safety: Participation in symposium activities requires an acceptance of risk of injury.

There are various safety concerns of which to be made aware. Some are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during camp sessions). Other safety concerns remain as such due to the camp participant's questionable compliance with specified guidelines (i.e., sunscreen, proper footwear, etc.).

At The University of Texas at Austin, we are making every effort to increase the camper's knowledge concerning rules and practices being employed to minimize risk of significant injury while pursuing the many benefits of camp activities. Moreover, as injury risks are identified, steps are taken to minimize the causes, where possible. We teach the latest in skill acquisition and technique as well as implement preventative injury measures such as warming up prior to vigorous activity, stretching, and fluid replacement realizing that all of these measures have the potential to lower risk of injury.

The camper and the camp supervisors have a mutual need for an informed awareness of the risks being accepted and for sharing the responsibility for controlling those risks.

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RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Austin

DESCRIPTION OF ACTIVITY: Participant in Global Ethics and Conflict Resolution Summer Symposium

LOCATION: symposium activity sites

DATE(S): _____

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

In consideration of Participant being permitted to participate in the Activity and to use the program's facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, 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, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and 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.

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 DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Date Signed

Address (if different than Participant's)

Signature of Witness

Date Signed