

**Fish Camp**  
**Release of Liability/Medical Treatment Authorization Form**

I, \_\_\_\_\_, understand that Fish Camp, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by Fish Camp, some bodily injuries may occur. Specific risks/hazards involved in Fish Camp include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in Fish Camp, which is sponsored by Texas A&M University, a component member of The Texas A&M University System, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, Fish Camp, Texas A&M University, The Texas A&M University System and its Board of Regents, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from Fish Camp activities, ***including injuries sustained as a result of the negligence of RELEASEES***. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the RELEASEES. I understand Fish Camp and Texas A&M University are separate legal entities.

2. I am fully aware that there are inherent risks involved with Fish Camp and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity ***including injuries sustained as a result of the negligence of RELEASEES***. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees, that may occur as a result of my participation in said activity ***including injuries sustained as a result of the negligence of RELEASEES***. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

3. I understand that RELEASEES may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of Texas.

5. I understand RELEASEES cannot be expected to control all of the risks articulated in this form but RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

6. In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. ***If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated on page 2 below***. I consent to the information on this form being shared with the Fish Camp Advisors, Director Staff, and the Fish Camp Co-Chairs.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

**Medical Release Form**

CAMP PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ UIN OR SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ LOCAL PHONE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ PERMANENT PHONE \_\_\_\_\_

**I am the parent or legal guardian of the Fish Camp participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Release.**

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE (if participant is younger than 18)

\_\_\_\_\_  
PRINT PARENT OR LEGAL GUARDIAN NAME

In the event of an emergency, contact \_\_\_\_\_ phone \_\_\_\_\_

Health insurance company \_\_\_\_\_ policy # \_\_\_\_\_  
(Indicate "NONE" if not covered by a health insurance plan.)

Doctor's name \_\_\_\_\_ phone \_\_\_\_\_

Please list any special services you may require due to an existing medical condition or physical disability, or any physical condition limiting your activities. \_\_\_\_\_

List any allergies to drugs, food, insects, plants, etc. \_\_\_\_\_

List any medications you are taking and any dietary restrictions: \_\_\_\_\_

Do you have a history of: heart disease? high blood pressure? diabetes? epilepsy? asthma?

Do you wear glasses? contacts?

Print Camper's Name: \_\_\_\_\_

*I agree to follow all instructions and procedures in order to maintain a maximum level of safety.*

\_\_\_\_\_  
Camper's signature Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature (if participant is younger than 18) Date \_\_\_\_\_

State law may require you to be informed of the following:(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.