



# Texas Tech University Outdoor School

## Outdoor Academy Permission Form



### Permission to attend:

I, as parent, guardian or managing conservator (circle one) grant permission for my minor child to participate in The South Llano River Center for Outdoor Learning at Texas Tech University at Junction during the dates indicated. I understand that participation of my child is entirely voluntary and optional on my part. I am aware of the dangers inherent in group activities. In consideration for my child being allowed to participate in this activity, I agree to assume full responsibility for my child's safety and medical treatment. I agree to release, indemnify and hold harmless Texas Tech University, its Board of Regents, officers, agents and employees from any and all liability for personal injury including death or for damage to property that may occur to my child or to others as a result of my child's participation. The terms hereof shall also serve as a release and an assumption of risk for my minor child's heirs, executor and administrator and for all members of my child's family, and may be pleaded as a bar to litigation. Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I have read this Release and Hold Harmless agreement and understand, and voluntarily accept, its terms. The privilege to go on this trip carries with it the obligation for a student to conduct him/herself in such a way that credit will be reflected upon the student, school, and home represented. Correct dress and behavior for this trip will be observed.

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Gender: Male or Female (circle one)

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Publicity:

I hereby grant TTU Outdoor School staff permission to photograph my child and publish pictures taken for my enjoyment and for souvenir purposes. I understand that by **checking NO** my child will not be included in any pictures.

\*Parent's Signature: \_\_\_\_\_ Yes \_\_\_ / No \_\_\_ (check one)

### Emergency Information:

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's wk. hours: \_\_\_\_\_ Wk. Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's wk. hours: \_\_\_\_\_ Wk. Phone: (\_\_\_\_) \_\_\_\_\_

*If, for some reason, I am not available at the above numbers, please contact:  
(Please name a friend, relative or neighbor)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In case of accident, sudden illness, or in the event that I cannot be reached immediately by telephone, I hereby authorize the attending adult to refer this child to the above named doctor, emergency facility and/or Kimble County Hospital. I further instruct the above named health care providers and/or Kimble County Hospital to grant my designees the power to act in loco parentis until such time as I can assume responsibility. I further understand that just as at my child's school, medical care is my financial responsibility.

\*Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_