**Consent to Medical Treatment**

I, ______________________, Parent/Guardian of (Participant) hereby consent to any and all emergency medical treatment needed by said Minor Child as administered by a clinic or attending physician and accept responsibility for full payment of said treatment. I give my permission for this document to be photocopied for medical personnel.

Signature of Parent, Managing Conservator, or Guardian

_____________________________ Date ___________

**Media Coverage/Participation**

I hereby give permission for the name of the minor listed above to be released to the media or for him/her to participate in any media coverage which might transpire during the course of the program. I authorize the use of the minor’s name, biography, likeness, voice and performance in the production of the program(s) and for the purpose of publicizing and promoting the program(s) and/or future related programs.

I represent that I am a parent (guardian) of the minor whose name is listed above and I hereby agree to have my child participate in media coverage.

☐ MY CHILD MAY PARTICIPATE IN MEDIA COVERAGE

☐ MY CHILD MAY NOT PARTICIPATE IN MEDIA COVERAGE

Signature of Parent / Guardian

_____________________________ Date: ___________

**Lost Key Policy**

• Please report lost keys to the front desk immediately.

• For guest safety, each lost key will result in a $50.00 per door fee for an immediate lock change.

• Lock changes cannot be cancelled once a work order is submitted.

• A lock out key is available at the front desk in case of room lock out

• A photo ID or conference guest access card must be provided to check out a lock out key

• Youth participants under 18 years old must be accompanied by a staff member or chaperone to check out a lock out key

• Lock out key must be returned with 15 minutes or full charge of $50.00 per door will apply

• Lock out keys may not be loaned to a third party, and is the full responsibility of the guest while checked out

Your signature constitutes an acknowledgment that you understand and agree to the Texas Tech University Summer Guest Key Policy. Violations of this policy may result in additional charges.

Signature of Parent / Guardian

_____________________________ Date: ___________
Release & Hold Harmless Form

I ________________________________________________________ Parent/Guardian understand that the minor child, ____________________________________________________ (Participant) has the opportunity to participate in ____________CAMP NAME, a program for students sponsored by Texas Tech University, Institute for the Development and Enrichment of Advanced Learners, Lubbock, Texas, from _____ to _______ DATES OF THE CAMP, 2018. I hereby affirm that I desire to have my minor child participate in said program. I give my permission for my minor child to ride in public transportation or in vehicles driven by Texas Tech employees or representatives to and from designated activities. I, the undersigned, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit. I understand that my minor child will participate in general classroom, educational, and camp activities during this program. I am aware of the dangers associated with such activities and the possibility of injuries or even death in such participation. In consideration of allowing my minor child to attend the above mentioned activities, I, the undersigned, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University’s officers, agents, and employees, and the Institute for the Development and Enrichment of Advanced Learners from any and all liability due to injuries, damage or death arising or resulting from any act or omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents, and employees and other officers or members of the Institute for the Development and Enrichment of Advanced Learners, or any other person or participant in said activities while attending the activities or while in transit to and from activities.

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 be pleaded as a bar to litigation. Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I, the undersigned, on behalf of my minor child agree to indemnify and hold Texas Tech University, its Board of Regents, and all the University’s officers, agents and employees harmless from and against any and all personal injury. I am above the age of eighteen (18) years and read this Release and Hold Harmless Agreement and voluntarily understand and accept its terms.

Signature of Parent / Guardian

__________________________________________  Date: ___________