

TEXAS WOMAN'S UNIVERSITY
FASHION DESIGN CAMP
Medical / Waiver Form

Camper's name: _____ Date(s) attending: _____

To be completed by parent/guardian:

- Date of last tetanus booster _____
- List of all known allergies _____
- List any medications the participant will be taking during the camp _____
- List any medical conditions of which you are aware that may interfere with this camper's participation _____
- List any information that may assist a physician or nurse in caring for the camper in the event that emergency medical treatment is required _____

As the parent/guardian of the applicant, I hereby grant permission for him/her to participate in the above camp at Texas Woman's University and represent that he/she is physically able to participate in camp activities. In consideration of the applicant's being allowed to participate in the camp, I, on behalf of myself, my child and our respective representatives and heirs, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify Texas Woman's University and its employees, officers, and Regents from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may be sustained by the child during attendance at camp. I furthermore agree and promise that we will not hold the University or any of the above parties responsible in this respect. This waiver of liability expressly includes liability relating to transportation to, from, and or in connection with such camp. In the event of illness or injury, we hereby authorize the staff members of the camp to obtain assistance from doctors or nurses for medical, surgical, or any other appropriate treatment for the accident or illness, which, in the physician's professional opinion, is deemed necessary. If medical/surgical care is obtained, we will not hold the camp or Texas Woman's University, its employees, or Regents responsible or liable for the judgment of and/or treatment by the physician. I understand that the camp, Texas Woman's University and the Office of Conference Services cannot assume responsibility for medical, dental, or other health expenses incurred as a result of my child's stay at camp.

Signature of parent/guardian: _____ Date: _____

Parent/guardian's name (please print): _____

Home phone: _____ Work Phone: _____ Cell phone: _____

In case of emergency and if parent/guardian cannot be reached, contact: _____

Home phone: _____ Work Phone: _____ Cell phone: _____

Relationship to camper: _____

Signature of parent/guardian: _____ Date: _____

TEXAS WOMAN'S UNIVERSITY
FASHION & DESIGN CAMPS
Rules & Expectations

The following regulations and expectations apply to all camp participants.
Violations may result in dismissal from the Fashion Camp.

All Campers:

1. Disruptive conduct will not be tolerated.
2. Safety is important for this camp. All tools (some are sharp) must be properly handled and used with care.
3. You may not leave the campus without the permission of the Camp Director.
4. Loud music or disruptive phone texting/calls will not be tolerated.
5. No alcoholic beverages or illegal drugs permitted while attending the camp.
6. Campers are not to go anywhere on campus unless escorted by a counselor. There may be supervised group activities to various locations on campus.
7. The Director reserve the right to withdraw any camper whose influence or actions are deemed unsatisfactory to the camp or who will not live within the Rules & Expectations. If it occurs, no reduction or return of fee, or any part thereof will be made.

Overnight Campers:

8. You are permitted only on your camp floor assigned to you, the Guinn Hall Lobby, and Living Room.
9. Each room as been checked prior to your stay and will be checked again when you leave to ensure the satisfactory condition of the room and its contents. Campers will be held responsible for damage or destruction that occurs during their stay.
10. Rooms have been assigned and NO changes should be made.
11. Campers must be supervised for all group activities. Some activities will be held on the TWU campus, while others will be at off-campus locations. Appropriate behavior is expected.

Parent/Guardian:

We are not able to provide or administer any type of medication to a camper (including over the counter medications). If your child will need any medication while they are at camp, please send it with them for the week. In addition, if your child becomes ill during the camp period and you are called and instructed to pick up your child, please pick up your child as soon as possible or have someone else designated for this responsibility. This is very important. If the child needs to be seen by a doctor in a non-emergency situation before you arrive, the child will be taken to the TWU Student Health Services Center, where you will be charged, at minimum, a \$35 office visit fee.

Camper's name: _____ Date(s) attending: _____

Signature of the camper: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

*Thank you for conducting yourself in a way that will allow everyone to have a
great camp experience.*

CAMPER RELEASE FORM



This portion to be completed by Parent/Guardian

Camper's Name: _____

Camp Attending: _____ Camp Dates: _____

Person(s) authorized to pick up camper (in addition to Parent/Guardian):

Parent/Guardian Name (print): _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

This portion to be completed at the end of each day (commuters) or camp session (residents)

Printed Name of person authorized to pick up: _____

Identification verified: Yes No Date: _____

Signature of person released to: _____

Staff person releasing camper: _____

Printed Name of person authorized to pick up: _____

Identification verified: Yes No Date: _____

Signature of person released to: _____

Staff person releasing camper: _____

Printed Name of person authorized to pick up: _____

Identification verified: Yes No Date: _____

Signature of person released to: _____

Staff person releasing camper: _____

Printed Name of person authorized to pick up: _____

Identification verified: Yes No Date: _____

Signature of person released to: _____

Staff person releasing camper: _____

