

North Texas Jostens Summer Journalism Workshop

**PERMISSION AND CONSENT FORM
(Adult Attendees)**

Workshop Dates: June 18-19-20, 2018

In consideration of the educational opportunity provided by Jostens, I hereby agree to hold harmless, release, and forever discharge Jostens, Inc. and each of its officers, directors, employees, sales representatives and agents from any and all claims, demands, liability, actions, causes of action, attorney's fees, and expenses on account of damages to personal property or personal injury which occurs during or is otherwise related to my attendance at the workshop.

I also give permission that medical attention be administered to me in case of an emergency. I understand that the emergency contact will be notified as soon as such communication can be made. In case emergency treatment is required, my health insurance plan number and carrier are:

Medical Information

Attendee's Name: _____
School Name: _____
Insurance Carrier: _____
Policy Number: _____

Please Include a Copy of Your Insurance Card.

On the back of this form – please list any chronic or acute medical conditions; allergies to food or medications; and any medications being taken at current time.

Emergency Contact

Name _____ Phone #: _____
Alternate Contact _____ Phone #: _____

I hereby agree to the foregoing:

Attendee's Signature:

_____ Date: _____

North Texas Jostens Summer Journalism Workshop

**JOSTENS PERMISSION AND CONSENT FORM
(All Participants - Student/Adviser/Chaperone)**

Workshop Dates: June 18-19-20, 2018

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I also give permission that medical attention be administered to me in case of an emergency. I understand that the emergency contact will be notified as soon as such communication can be made. In case emergency treatment is required, my health insurance plan number and carrier are:

Medical Information

Attendee's Name: _____

School Name: _____

Insurance Carrier: _____

Policy Number: _____

Please Include a Copy of Your Insurance Card.

Emergency Contact

Name _____ Phone #: _____

Alternate Contact _____ Phone #: _____

I hereby agree to the foregoing:

Participant's Signature:

_____ Date: _____

Parent or Legal Guardian (required if participant is under 18 years of age)

_____ Date: _____

Please list any chronic or acute medical conditions; allergies to food or medications; and any medications being taken at current time in the space below. Use the back of this form if additional room is needed.

TEXAS WOMAN'S UNIVERSITY
SUMMER CAMP
Medical / Waiver Form

Camper's name: _____

Camp: Jostens Summer Workshop Date(s) attending: June 18-20, 2018

Please complete all information fully. In the event of emergency or illness, this information is vital.

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 other medical conditions you are aware of that may interfere with this camper's participation: _____

- List any information that may assist the physician or nurse in caring for the camper in the event that medical treatment is required _____

As the camp participant (or parent/guardian, if applicable), I hereby grant permission for myself (or my child) to participate in the above camp at Texas Woman's University and represent that I (or my child) 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 camp participant (or parent/guardian): _____ Date: _____

Parent/guardian's name (if applicable): _____

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

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

Relationship to camper: _____

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

TEXAS WOMAN'S UNIVERSITY
SUMMER CAMP
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 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 and will be checked again when you leave. Campers will be held responsible for damage or destruction during occurring 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 give a camper any type of medication (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 gets sick during the camp and we call you, please have someone designated to come and pick them up if you will not be able to do so during camp hours. This is very important. If the child needs to be seen by a doctor in a non-emergency situation before you arrive, we will take them to 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.*