

TYLER INDEPENDENT SCHOOL DISTRICT
at CAMP TYLER

ASSUMPTION OF RISK AND RELEASE

GROUP NAME: Texas Asthma Camp for Kids

NAME OF PARTICIPANT OR CAMPER: _____

I (Participant) or I(Parent or Guardian of a Camper) - ***please circle one*** – have been informed and made aware that during my/my child's stay at Camp Tyler Foundation, also known as "Camp Tyler," certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my/my child's participation in water activities of all kinds, as well as other activities, including horseback riding, arranged for me/my child by my/child's organization and/or my/my child's group leader. We are informed and aware of these risks and dangers, and we assume them.

In consideration of Camp Tyler Foundation providing the facilities and my willingness/my willingness to allow my child to engage in the above described and other various activities, I have and do hereby hold Camp Tyler Foundation, also known as "Camp Tyler," and the Tyler Independent School District, its officers, directors, trustees, agents, employees and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have now or which may arise from physical or emotional injury, including fatality, from or in connection with my/my child's stay or participation in activities at Camp Tyler which have been arranged for me/my child by my/my child's organization or my/my child's group leader. I understand that the Tyler Independent School District is only a lessee of the property. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family.

In case of an accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical service should an emergency arise as determined by my/my child's organization director or other leader.

Organization Texas Asthma Camp for Kids Date March 27, 2007

Signature of Participant _____ Date _____

Signature of Parent or Legal Guardian (of Camper) _____ Date _____

Signature of Witness _____ Date _____

Home Telephone _____ Work Telephone _____

Emergency Name and Phone Number in the event the above cannot be successfully reached:

Name _____ Daytime Telephone _____

Evening Telephone _____ Cell Phone _____ Pager _____