

CAMPER FIRST NAME

CAMPER LAST NAME

PARENT/GUARDIAN NAME(S)

THE CAMPER IDENTIFIED ABOVE DESIRES TO PARTICIPATE IN ACTIVITIES CONDUCTED BY TEXAS ARTS PROJECT, OPERATED BY ST. STEPHEN'S SCHOOL ("SCHOOL"). I RECOGNIZE AND AGREE TO THE FOLLOWING CONDITIONS REGARDING MY CHILD'S TIME AT ST. STEPHEN'S EPISCOPAL SCHOOL.

1. **RELEASE OF LIABILITY** I hereby authorize and agree that each of the supervisors shall act as parents for my child while he or she is at camp. I hereby authorize each of the supervisors to make all necessary decisions concerning the affairs and well-being of my child under their care, custody and control.

2. **RULES AND REGULATIONS** I agree that my child will abide by all disciplinary procedures established by camp supervisors and will follow and obey guidelines established by supervisors for the camp. I accept and agree to be bound by and to comply with (and to require the Student to comply with) all rules, policies, procedures and expectations of Texas Arts Project as described in the TAP Camper Handbook in its entirety, and as may from time to time be explained verbally to Summer Camp participants.

3. **PARTICIPATION AND TRAVEL** I agree that the Student may participate in all Summer Camp activities, including athletics, and any School sponsored trip away from the School unless the School timely receives written notice from me to the contrary.

4. **MARKETING RELEASE** I understand that my child's likeness may be used in Texas Arts Project ads, promotional videos, web site material, or various other marketing. These images will be used for Texas Arts Project purposes only, and will not be given or sold to outside companies or individuals.

5. **MEDICAL EMERGENCIES** In the event my child should be injured, become ill, or should for any reason in the judgment of the supervisors need medical attention, I hereby agree to allow any of the supervisors to authorize hospitalization, surgery or emergency medical treatment. I further agree that in the event of any medical emergency, I will be responsible for the entire cost of same, and I agree to reimburse the supervisors for any medical, hospital or other expenses incurred.

6. **ASSUMPTION OF RISK** Although it is understood that St. Stephen's Episcopal School and its representatives intend to take all reasonable cautions with respect to all activities, I understand that the participation of my child in the activities of the Summer Camp programs involves a certain element of risk, and I hereby assume that risk and agree to hold St. Stephen's Episcopal School blameless from any and all claims of every kind that I may have on behalf of myself or my child for any injuries, losses and damages sustained while at the camp, including but not limited to, those resulting from, or caused by (in whole or in part), the negligence or malfeasance of my child or any action taken in good faith by the supervisors of the camp.

*I HAVE READ THIS ENTIRE LIABILITY RELEASE FORM, I FULLY UNDERSTAND IT, AND I AGREE TO THE TERMS.*

PARENT/GUARDIAN SIGNATURE

DATE

