



Dear Camp PV Mobility Applicant:

Thank you for your interest in PV Camp PV Mobility. **Camp PV Mobility!** is a one-week summer camp for rising High School Juniors and Seniors (**rising 11 and 12 graders**). Campers are provided the opportunity to explore transportation engineering in the Civil & Environmental Engineering Department. Further, campers will participate in field trips and explore PVAMU's College of Engineering programs, selected University programs and enjoy the beautiful Campus. Program participants will have the opportunity to:

- Learn more about personal mobility
- Participate in field trips
- Learn about Toyota Motor North America
- Learn about College Application process, SAT and ACT College admission tests
- Explore Civil Engineering as a career option

If you are interested in participating in **Camp PV Mobility!**, please complete the attached application packet and **return all documents by June 14, 2019, 2:00 PM**. Please remember there is limited space available in the program and slots fill on **first come, first serve basis**.

Camp PV Mobility! Application

[June 17-21, 2019]

Name _____ Date _____
Last First Middle

Mailing Address _____
Street City State Zip Code

Parent Home Phone: () _____ Parent Email Address _____

Parent Cell Phone: () _____ Camper Cell Phone: () _____

Ethnic / Racial Background _____
_____ African American _____ Caucasian _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian _____ Other _____
Please specify

Gender: _____ Date of Birth _____ Shirt Size: _____

High School Information (For Rising 11 & 12 graders):

Expected Graduation Date: _____ High School Name: _____

City _____ State _____ ZIP _____ Phone _____

GPA ____ on a scale of ____ Class Rank ____ of ____ Intended Major: _____

List your extra-curricular activities below:

Parent(s)/Guardian Information:

Parent(s)/Guardian _____
Last First Middle

Mailing Address _____
Street City State Zip Code

Home Phone () _____

Cell Phone () _____ Email Address _____

Parent(s) or guardian graduated from a four-year institution? Yes ____ No ____

NOTE: All Campers must commit to the entire program. If a Camper **drops** out of the program, a reimbursement of \$200.00 is required.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Camp PV Mobility ("activity"), which is sponsored by Department of Civil & Environmental Engineering Prairie View A&M University, a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to risk associated with activities of the camp, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (**bolded, underlined, and italicized**) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 5/7/2015

Pick Up Authorization and Health Information Form

I. EMERGENCY CONTACT INFORMATION

1. Participant Name:

First Last

2. Parent / Legal Guardian Information:

First Last

Address E-mail Address

Primary Phone Secondary Phone

II. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please Note: Photo ID's must be presented at the time of pick up.

_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number
_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number
_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number

III. AUTHORIZATION FOR SELF-CHECKOUT

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

- ☐ I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.
- ☐ I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

PHOTO & VIDEO RELEASE

I, _____, as the parent and/or guardian of _____, authorize Prairie View A&M University to photograph or video my son/daughter and to use the photographs or videos for educational or promotional purposes in any media format chosen. I understand that photographs or videos may not be used for profit without my express permission. I acknowledge that I will not be paid or rewarded for providing this authorization. **INITIALS** _____

HEALTH INFORMATION

Is there anything in youth's health history that the program staff should know? _____

Are there any activities from which the youth should be restricted? _____

Please list any special services your child may require _____

Does the youth have any special dietary restrictions? ☐ NO ☐ YES If YES, explain _____

Please list any allergies _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐ NO ☐ YES If YES, explain _____

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature & Date



AUTHORIZATION FOR DISPENSING MEDICATION

IF NO MEDICATION IS REQUIRED PLEASE SIGN BELOW(*)

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.		Expiration Date
Dosage	When to Give		Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian (*)

Date _____

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

[illegible]

Disposition of Left-over Medication

9

Returned to Child's Parent/Guardian

9

☐ Thrown Away

Date: