



Course Code _____
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**The University of Texas at El Paso
 Professional and Public Programs (P3)**

Minor Participation Form

Please complete and bring with you on the first day of class!

Participant's Name _____ DOB _____

Address _____

Street _____ City _____ State _____ Zip Code _____

Phone _____ Activity/Trip Description: _____

Dates: _____ Location: UTEP or as otherwise noted at the time of registration

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I. MEDICAL INFORMATION (pleases type or print legibly)

Name of Parent/guardian _____ Health Insurance Company _____

Address _____ Telephone #: _____
(Street or P.O. Box, city, state, zip code)

Telephone #: Office _____ Policy # _____

Night _____ Participant's Current Medications _____

Participant's Allergies _____ Participant's Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize The University of Texas at El Paso and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

III. SPECIAL ACCOMMODATIONS/NEEDS

If you have or suspect, a disability and need an accommodation, please contact our registration staff at (915) 747-5142 or ppp@utep.edu to request any special accommodations/needs.

IV. PARTICIPATION GUIDELINES

Participants, or their representatives, who behave in a manner which is disruptive to the learning process, or which interferes with the well-being of other participants or staff, or which may cause damage to University or contracted facilities, may be subject to permanent removal of enrolled course(s). If this occurs within the first two days of class, the course fee will be returned less \$25 administration fee. After the second day, there will be no refunds.

1. Participants have a responsibility to the environmental settings where our events are being held including building grounds, furnishings and natural wildlife. If a participant is responsible for any damage, the parent of that participant will be held financially responsible for the specific repair costs of those damages.
2. Participants will not be allowed to leave designated buildings or areas and will participate in all group activities, unless given expressed permission by an adult sponsor or adult staff member to do otherwise.
3. Parents or Guardians are responsible for making sure participants dress appropriately. It is not suitable for males or females to wear clothes that expose undergarments.
4. Radios, recorders, tape and CD players, TV's electronics and video games, skateboards, roller skates and blades, etc. tend to be a distraction to the individual and must to be left at home. Cell phones are allowed, but need to be left in a pocket or purse and not used. The University of Texas at El Paso is not responsible for these items if they are brought to course/camp.
5. Participants need to show consideration and respect of others, including other participants and instructors. Offensive language will not be tolerated.
6. No illegal substances will be allowed. UTEP is a drug-free institution.
7. All individual classroom policies must be followed.

In order for your child to participate, please fill out BOTH sides of this form completely.

MINOR RELEASE AND INDEMNIFICATION AGREEMENT

I am the Parent/Guardian of the above-named Student who is under eighteen years of age and am fully competent to sign this Agreement. I give permission for him/her to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose him/her to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of participant being permitted to partake in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip. The indemnification related to the loss or damage of Participant's personal property further applies to the storage of Participant's personal property and equipment while participating in the abovementioned activity or trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

MEDIA CONSENT AND RELEASE

I hereby authorize The University of Texas at El Paso, Professional and Public Programs, and those acting pursuant to its authority to:

- a) Record Participant's likeness and voice on a video, audio, photographic, digital, and electronic or any other medium.
- b) Use Participant's name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW), these recordings, in whole or in part, without any restrictions or limitations, for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including educational, promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I and/or Participant may have in connection with such use. This release is executed gratuitously and/or for any self-satisfaction which I and/or Participant may derive from any publication or programs in which my likeness or voice will appear. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I do authorize The University of Texas at El Paso, Professional and Public Programs, and those acting pursuant to its authority for this Media Consent and Release.
_____ Parent/Guardian Initial

I do not authorize The University of Texas at El Paso, Professional and Public Programs, and those acting pursuant to its authority for this Media Consent and Release.
_____ Parent/Guardian Initial

AUTHORIZATION FOR DROP OFF, PICKUP & TRANSPORTATION:

1. I hereby authorize the following names to either drop off or pick up Participant. Each person will be informed that it is his or her responsibility to show proof of identity to the designated course/activity instructor. *(Please remember to include your name as well, if applicable).*

Full Name _____	Relationship _____	Driver's License# _____
Full Name _____	Relationship _____	Driver's License# _____
Full Name _____	Relationship _____	Driver's License# _____

2. I do authorize The University of Texas at El Paso, Professional and Public Programs to release Participant to transport him/herself to and/or from designated course/activity (i.e. walking, biking, public transportation, own vehicle). _____ Parent/Guardian Initial

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF ALL RELEASES ON THIS FORM INCLUDING THE AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, PARTICIPATION GUIDELINES, THE RELEASE AND INDEMNIFICATION AGREEMENT, THE MEDIA CONSENT AND RELEASE, AND AUTHORIZATION FOR DROP OFF, PICKUP & TRANSPORTATION.

Parent/Guardian Name (PRINT) Signature of Parent/Guardian Date

Witness (PRINT) Signature of Witness Date

Thank you for your cooperation in having all forms completed and returned to P3.



THE UNIVERSITY OF TEXAS AT EL PASO
PROFESSIONAL AND
PUBLIC PROGRAMS
Extended University