THE UNIVERSITY OF TEXAS AT AUSTIN

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - ADULT

I. MEDICAL INFORMATION (please type or print legibly)

a. Name ________________________________
   (last, first, middle)

   Address _____________________________________________________________
   (street or P.O. box, city, state, zip code)

   Telephone Number: Day’ ( ) ___________ Night ( ) ______________

b. Name of Nearest Relative ________________________________
   (last, first, middle)

   Address _____________________________________________________________
   (street or P.O. box, city, state, zip code)

   Telephone Number: Day ( ) __________ Night ( ) ______________

c. Physician’s Name ______________________________

   Address _____________________________________________________________
   (street or P.O. box, city, state, zip code)

   Telephone Number: Office ( ) __________ Emergency ( ) __________

d. Dentist’s Name ______________________________

   Address _____________________________________________________________
   (street or P.O. box, city, state, zip code)

   Telephone Number: Office ( ) __________ Emergency ( ) __________

e. Health Insurance Company Name ________________________________

   Policy Number __________________ Telephone ( ) ______________

f. Allergies ________________________________________________

   Current Medications ____________________________________________

   Special Health Needs ____________________________________________

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at Austin 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 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.

   The effective dates of this authorization are ________________ to ________________ 20_____.

(for persons eighteen years of age or older) revised 3-97
THE UNIVERSITY OF TEXAS AT AUSTIN

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

_________________________ Date ____________ 20 ________
(Signature of Individual Providing Authorization)

(for persons eighteen years of age or older) revised 3-97
THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT: ___________________________ UT EID: ___________________________

Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: __________________________________________

________________________________________________________

MODE OF TRANSPORTATION: __________________________________________

LOCATION(s) of activity or trip: __________________________________________

DATE(s) of activity or trip: FROM _________ 20 ______ TO _________ 20 ______

I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin 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 my negligent or intentional act or omission while participating in the described Activity or Trip.

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

Signature of Student ___________________________ Date signed: _________ 20 ______

Signature of Witness ___________________________ Date signed: _________ 20 ______

Printed Name of Witness

Form: ADULT STUDENT - Revised 10/96
Balcones Springs Executive Retreat and Conference Center
Participation, Release and Waiver of Liability, and Indemnity Agreement

Read Carefully Before Signing

We are glad to have you here at Balcones Springs Executive Retreat and Conference Center ("Balcones Springs"). You have the opportunity to grow spiritually while enjoying a variety of program activities available to you. These available activities include, but are not limited to, archery, skeet shooting, rifle shooting, ropes course, climbing wall, zip line, horseback riding, water blob, water slide, and mountain bike riding, lake swimming, canoeing, hiking, soccer, football, tennis, softball, volleyball, fishing and Frisbee golf.

You recognize and acknowledge that, in connection with such activities, certain risks and damages may occur, including, but not limited to, physical or psychological injuries or death. You also recognize and acknowledge that your participation in these activities is entirely voluntary. Upon recognition of the nature of the activities involved, their inherent risk, and for the opportunity to voluntarily participate in these activities, you hereby personally assume all risk for any harm, injury, or damage that may befall you or your family, estate, heirs or assigns, as a result of your participation in activities at Balcones Springs, including all risks connected with therewith, whether foreseen or unforeseen.

By signing below, you release and discharge Balcones Springs, and its directors, officers, employees, and agents from any and all claims, demands or liability of every kind or nature, whatsoever, for personal injury, property damage, wrongful death, or otherwise, by you, or your family, estate, heirs, or assigns, arising out of or related to any activities Balcones Springs and/or your participation in such activities. You further agree to indemnify, protect, defend and to save and hold harmless Balcones Springs, and its directors, officers, employees, and agents from any and all claims, demands or liability of every kind or nature, whatsoever, for personal injury, property damage, wrongful death, or otherwise, by you, or your family, estate, heirs, or assigns, arising out of or related to any activities Balcones Springs and/or your participation in such activities, whether or not caused by the negligence of Balcones Springs, its directors, officers, employees and agents, or any other person or entity.

You further state that you are of lawful age and legally competent to sign this release and indemnity agreement, or that you have acquired the written consent of your parents or guardians; that you understand the terms herein are contractual and not a mere recital; and that you have signed this document of your own free act.

In accordance with Texas Civil Practice & Remedies Code § 87.005(b), the following warning is given:

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

We may provide you with written guidelines and verbal instructions for participation in activities. While participating, you agree to follow such guidelines and instructions designed to minimize risk of harm.

You grant permission to the medical personnel selected by an adult leader of your group to order X-rays, routine tests, and treatment for your health; and in the event you are unable to assent during an emergency, you hereby give permission to the attending medical personnel to hospitalize, secure proper treatment and to order medical procedures and treatment as deemed necessary.

Photographs and/or video and sound recordings of you may be made during your time at Balcones Springs. You authorize the use of such material by Balcones Springs for its purposes.
Any controversy or claim arising out of or relating to this participation and release agreement, or the application, interpretation or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its applicable rules, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

We trust you will safely enjoy your time at Balcones Springs and the activities in which you participate. Please attest to your agreement to the terms of the Release and Participation Agreement by signature below.

All keys are to be returned to the Front Desk upon departure. A nominal fee will be charged for missing keys. Balcones Springs is not liable for loss of damage to any merchandise or items left at the property before, during or after your stay. I hereby authorize this establishment to charge my designated credit card directly (if applicable) for all charges I incur during my stay.

**Balcones Springs Alcohol Policy:**
No alcoholic beverages may be brought or consumed on property at any time, unless purchased from the Balcones Springs Bar. Alcoholic beverages may only be served by Balcones Springs’ TABC-licensed bartenders. Self-service of alcohol is not permitted.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS PARTICIPATION, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT BY READING IT BEFORE I SIGNED IT:**

Date: ____________________

Participant's Name (printed): _____________________________________________________________

(Parent sign for minor)

Company Name (if applicable): ____________________________________________________________

Address (hm or wk): ________________________________________________________________

City, State, Zip: ________________________________________________________________

Phone Numbers (hm) ____________________ (cell/wk) ____________________

E-mail address (Optional): ________________________________________________________________

Cabin Name: ____________________ Number of Guests in Cabin: ____________________

**Participant's Signature:** ________________________________________________________________

Please list any minors in your care, to be covered by this agreement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Check Out Time is 11:00 A.M.