
(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge that I freely and voluntarily wish to participate in _____, to be held on the campus of Southern Methodist University ("SMU"), during the time period _____, 2024 through _____, 2024 (the "Camp"). I understand that participation in the Camp is completely voluntary; that I am under no obligation to take part in the Camp; that the Camp is provided through SMU to enhance my educational experience; and that NO INSURANCE COVERAGE MAY EXIST THROUGH SMU TO COVER ANY CLAIMS OR DAMAGES WHICH MAY ARISE OUT OF MY PARTICIPATION IN THE CAMP. I have fully read this Release of Liability ("Release") and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am at least eighteen (18) years of age and competent to sign this Release.

I understand that on some occasions, I must arrange my own transportation to the Camp and I agree that I will be responsible for arranging transportation. I further understand and agree that my decision to accept transportation from SMU is completely voluntary and accepted at my own risk, that I am am

1. Please identify all known allergies to foods, drugs, insect bites, dust, etc. and the nature of the reaction (if none, please put N/A):