



UNIVERSITY OF THE INCARNATE WORD
Waiver and Consent to Treat

I, _____, the Parent or Legal Guardian of _____, a minor (the "Participant"), give permission for my child to participate in _____ (the "Camp") operated by the University of the Incarnate Word or St. Anthony Catholic High School (collectively referred to as "UIW") from _____ (dates of attendance).

I acknowledge and accept that this Camp may expose my child to hazards and risks, including illness, communicable disease, including COVID-19, injury, or death, and that UIW cannot control these risks. I acknowledge there may be physically strenuous activities and certify that my child is fit and capable of such participation. I understand that UIW is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that UIW does not provide medical insurance for me or my child. I certify that my child is covered by adequate insurance to cover any personal injury which my child may sustain while participating in this Camp.

In consideration of UIW providing the opportunity for my child to participate in this Camp, I release UIW, its Board of Trustees, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during or in any way connected with this Camp. I agree to indemnify and hold harmless, waive and covenant not to sue UIW, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) or damage to property that may result from my child's negligent or intentional act or omission while participating in this Camp.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas, and in the event of any conflict between the Parties, the Parties agree to attempt to resolve the dispute in good faith without the need for judicial intervention. In the event the Parties cannot resolve the dispute on their own, the Parties agree to submit the matter to binding arbitration through the American Arbitration Association in Bexar County, Texas.

Consent to Treat

In the event of sickness or injury, I _____, the parent or legal guardian of _____, a minor, give my consent for emergency medical and/or surgical treatment of this minor by a licensed health care professional should the need arise while s/he is attending the UIW summer camp or program noted above. This may include, but is not limited to, laboratory work, x-ray, EKG, administration of medication, inpatient and emergency care as necessary. I understand that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice. This consent will be in effect throughout the duration of the Camp, unless cancelled earlier by me in writing. I understand that, as the natural parent/legal guardian of the above-mentioned minor, I am responsible for all financial charges incurred related to any

medical services rendered.

Accordingly, I hereby authorize the staff of this Camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for UIW to administer general first aid for any minor injuries or illnesses experienced by my child. If my child needs emergency medical care and UIW is not able to reach me or the emergency contact, I authorize UIW to sign all necessary papers and arrange for emergency treatment and hospital care. Emergency medical treatment will not be withheld or delayed based on whether or not the natural parent/legal guarding has been contacted in order to maintain the health and safety of the minor involved.

Medical Information for Participant

Pediatrician Name: _____ Phone: _____

Address: _____

Hospital Name: _____ Phone: _____

Address: _____

Insurance Carrier: _____

Member ID: _____ Group Number: _____

Policy Holder Name: _____ DOB: _____

Allergies to Food/Medications: _____

Current Medications (Name/Dosage/Frequency Taken): _____

Relevant Medical History (e.g. asthma, diabetes): _____

I am a parent/guardian of the minor and sign this Waiver and Consent to Treat on my and my child's behalf.

Name of Participant: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed) : _____

Preferred Phone: _____ Alternate Phone: _____

Emergency Contact (in the event parent or guardian cannot be reached):

Name: _____

Address: _____

Preferred Phone: _____ Alternate Phone: _____

[END OF DOCUMENT]

