Camper's Nar	ne:
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Program Name/Session: _

This form must be completed and returned to the camp director prior to the program start date. Choose the appropriate transportation option for your minor.

Parent/Legal Guardian Drop-Off/Pic	ck-Up	
I	, the parent/guardian of	("my child")
will drop-off and pick-up my child the duration of the camp/program	from	(camp/program name) during
lf I	, the parent/guardian of	am unable to
pick-up or drop-off my child the p	erson named below will be res	ponsible for picking up my child.
I grant permission for	to pick	my child up from
(can		
the designated camp personnel).		
Person's Full Name		Phone Number
Driver's License Number (REQUI	RED)	Expiration Date
Address		
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE	
PRINT NAME		
Permission to Walk/Bus/Bike		
۱	, the parent/guardian of	authorize and
give consent to		
(can hereby consent, acknowledge and allo		
	np/program name).	

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for any and all illness or injury to my child's person, including his/her death, that may result from or occur during my child's walk, bus ride or bike to and from the camp without parental or guardian supervision, 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 child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF TEXAS AT AUSTIN CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

Permission to Drive Campers may drive to Hardin House & park free (space available); ask for a permit when you arrive.

Campers may not drive or have cars on campus during camp. Exceptions are made for campers with special circumstances and parental permission. To request permission to drive or have cars on campus, campers (or their parents or guardians) should contact ______. Due to university parking restrictions, ______ (camp/program name) does not offer parking permits. Day-campers must pay daily to park in the adjacent ______ parking garage. Upon arrival, campers' car keys must be turned in to the camp office. They will be returned at the end of the day. Campers are responsible for all parking charges.

I ______ give permission to my child to drive to campus to participate in ______ (camp/program name). I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to campers who have been approved to drive to camp:

- 1. You must provide a signed permission form from a parent/legal guardian to bring your car to campus. This form must be completed and returned prior to the program start date.
- 2. Campers must turn in their car keys to the camp office each morning. The keys will be returned at the end of the day.
- 3. Campers are not allowed to provide rides to other campers.
- 4. Campers may not leave campus for lunch.
- 5. All campers driving to and from camp will be required to check in with their counselor after arriving and before leaving each day.
- 6. Campers are responsible for all parking charges incurred.

SIGNATURE OF PARENT/LEGAL GUARDIAN

Date

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:		
Name of Program:		
Camp Director:		
Camp Director Phone:	Camp Director Fax:	_
Camp Director Mailing Address:		