

South Texas Rural Health Services, Inc.

Summer Exercise Program

Program Acknowledgement, Consent, and Release

_____ (Initial) Medical Consent and Release

This part of the form gives South Texas Rural Health Services, Inc. permission to seek emergency medical treatment for a child if his or her emergency contact cannot be reached. The child's family may be required to pay all or most of any expenses associated with an injury, illness, or medical treatment.

In the event that my emergency contact cannot be reached in an emergency, I give permission to a physician selected by STRHS, Inc., to secure proper treatment for me in case of an illness or injury. I authorize the use or disclosure of my health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

_____ (Initial) Release of Responsibility

I accept full responsibility for myself or my child in the case of bodily injury, and expenses thereof and I hereby waive any claims or demands which I or any member of my family may have against STRHS, Inc., its employees, volunteers, officers, or directors.

If there is any question regarding my child's ability to participate in these activities, I will inform staff prior to allowing my child to participate. I understand that my child is required to follow established rules and procedures associated with each activity. I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. I recognize that there is a significant element of risk in any sport. Knowing that there are inherent risks, dangers, and rigors involved in the activities, I permit my child to participate in the activities of this program.

_____ (Initial) Photo, Video, and Media Consent and Release

This part of the form gives STRHS, Inc. permission to use a child's name, photograph or video in connection with the Summer Exercise Program on social media platforms.

I consent to the use by each Participating Entity of my name, image, and/or likeness in any audio, visual, or written media relating to the Summer Exercise Program ("Media"). I further grant to each Participating Entity the right to use, exhibit, copy, reproduce, modify and display the Media, in any and all formats, for illustration, promotion, exhibition or editorial use, and to use my name in connection with the Media if a Participating Entity so chooses.

_____ (Initial) Miscellaneous

STRHS, Inc. and its partners are not responsible for any property that is lost or stolen.

I understand that certain information provided by my child on his/her program application or to his/her instructor may be used for purposes of administering programs and research for the Participating Entity. I consent to the release of such information to such entity. I agree that the Participating Entity is not responsible for lost, stolen or damaged property, including articles of clothing. STRHS, Inc. may sell, assign, license or otherwise transfer all rights granted to it by this agreement. This Program Acknowledgement, Consent, and Release shall inure to the benefit of the legal representatives, licensees, and assigns of STRHS, Inc., and shall be binding upon me and my heirs, legal representatives and assigns.

PLEASE CHECK EITHER YES OR NO

_____ **Yes**, I want my child to attend the Summer Exercise Program at Alfredo Zamora Jr. Wellness Center

_____ **No**, I do not give child permission to attend the Summer Exercise Program at Alfredo Zamora Jr. Wellness Center. Reasoning: _____

Child's Name: _____ **Sex:** M F
 First name Middle initial Last name

Address: _____
 Street City State Zip Code

Date of Birth ____/____/_____
 Month/ Day /Year

Race: ____ White ____ Black/African American ____ Asian ____ American Indian/Alaskan Native
____ Native Hawaiian/Pacific Islander ____ Two or more races ____ Other ____ No Response

Ethnicity: ____ Hispanic/Latino ____ Not Hispanic/Latino ____ No Response

For Emergency Purposes ONLY:

Insurance Name: _____ **Subscriber Name:** _____

Group # _____ **Policy #** _____

SIGNATURES

I am the parent/legal guardian of the participant. I have read this Program Acknowledgement, Consent, and Release and agree to the terms therein on behalf of myself and my child, and I consent to my minor child participating in an Summer Exercise Program.

(Parent/Guardian Name, Please Print)

(Parent/Guardian Signature)

(Date)

(Daytime Phone Number)

(Cell Phone Number)

Note: A minor Participant may not participate in STRHS, Inc. "Summer Exercise Program" unless this form is signed by his/her parent/legal guardian.