

**PARTICIPANT SIGNS IF 18 YEARS OF AGE OR OLDER**

**SOUTHERN METHODIST UNIVERSITY  
RELEASE OF LIABILITY FOR PARTICIPANTS IN  
CAMPS & CONFERENCES  
*(PLEASE READ CAREFULLY BEFORE SIGNING)***

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AGENTS, VOLUNTEERS AND/OR ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

I expressly affirm that I intend for any use of a keypad, mouse, or other device to type my name below ("E-signature") to be the legal equivalent of a manual hand-written signature for purposes of validity, enforceability, and admissibility. I agree that no additional authority or third-party verification is required.

EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION FORM

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