

**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)**

---

---

---

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

---

---

---

---