



**ExpLORE 2017 Camp Application
(Due May 5, 2017)**

CAMP WILL BE HELD JUNE 11-14, 2017

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Email Address: _____

Home Phone: _____ Other Phone: _____

Birthday: _____ Gender: Male Female; Ethnicity (Optional): _____

HS Quartile Rank: _____ College Plans: _____

High School: _____ Graduation Year: _____

High School Grade Entering in Fall of 2017: Sophomore Junior Senior

Teaching Level of Special Interest: Elementary Middle School Secondary
 Special Education Bilingual Education Foreign Language Technology

If Secondary, what subject area(s) (1) _____

(2) _____

T-Shirt Size: _____

Dietary Needs (Vegetarian, Kosher, etc.): _____

Special Needs (Refrigeration for Medication, Room on first floor, etc.): _____

Your application packet should include the following:

- **Completed Application**
- **Completed Essay Pages**
- **COPY OF HIGH SCHOOL TRANSCRIPT**
- **Waiver, Indemnification, and Medical Treatment Authorization Form**
- **Model/Subject Release Form**
- **Permission for OTC Medication (with parent signature)**
- **Permission to self-medicate (with parent signature)**

**INCOMPLETE APPLICATION FILES WILL NOT BE CONSIDERED!
DEADLINE FOR APPLICATIONS TO BE RECEIVED IS 5:00 PM MAY 5, 2017**

Please mail or Email completed packets to:

ExpLORE 2017 Applications
c/o Casey Ricketts
TAMU 4222
College Station, TX 77843-4222
Email: cricketts@tamu.edu

ExpLORE 2017 FEES WILL BE DUE AFTER THE STUDENT HAS BEEN ACCEPTED TO ATTEND

ExpLORE 2017 Application Essays

In the space provided, explain why you want to teach, your commitment to the teaching profession, and what you hope to contribute to society as a professional educator. The statement should also identify those characteristics that you have that you think will contribute to making you a successful teacher.

Describe your plans for after high school. How would attending ExpLORE 2017 help you achieve your educational and/or professional goals?

ExpLORE 2017
Exploring Leadership Opportunities and Rewards in Education
College of Education & Human Development
Texas A&M University
Waiver, Indemnification, and Medical Treatment Authorization Form

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for my/my child's participation in any and all activities of ExpLORE 2017 (herein referred to as "camp"), which is sponsored by the College of Education & Human Development at Texas A&M University, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, employees, (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to accidents while walking on campus, involvement in non-contact activities, homesickness, and a general sense of being overwhelmed by an unfamiliar college environment, and I choose to voluntarily participate/allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
3. **NO INSURANCE.** I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE

has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20__.

Participant Signature: _____

Printed Name: _____

Participant’s Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

In case of emergency, contact: _____
at the following number: _____

If the participant has medical insurance, please indicate:
Insurance Company: _____
Policy Number: _____
Name of Policy Holder: _____
Please list any special services your child may require: _____

Texas A&M University
College of Education and Human Development
Office of the Dean
College Station, Texas 77843-4222

Model/Subject Release

I do hereby give the College of Education and Human Development the irrevocable right to use my/my child's name, and or/photographs (taken during student involvement with ExpLORE 2017 Camp at Texas A&M University) in all forms, media and in all manners, including composite of distorted representations, for promotion, fund raising, recruiting, exhibits, or any other lawful purposes. I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I am 18 years of age or am the legal guardian of person named as subject below. I have read this release and am fully familiar with its contents and conditions.

Date: _____

Subject's name: _____
Please Print

Subject's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Subject's signature: _____

If Subject is under 18 years of age, parent/legal guardian must complete the portion below:

Parent: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian Signature: _____

Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication



Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to _____ (child's name) if the need arises. You may dispense only those checked below.

- | | |
|--|---|
| <input type="checkbox"/> Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) | <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat |
| <input type="checkbox"/> Tylenol/Acetaminophen as directed | <input type="checkbox"/> Ibuprofen as directed |
| <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat | <input type="checkbox"/> Micatin or anti-fungus treatment as directed for athlete's foot |
| <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed | <input type="checkbox"/> Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed |
| <input type="checkbox"/> Roloids or Tums for acid reflux, heartburn, or indigestion as directed | <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed |
| <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions | <input type="checkbox"/> Visine or other eye drops for minor eye irritation |
| <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed | <input type="checkbox"/> Swimmer's ear drops as directed |
| <input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites | <input type="checkbox"/> Medicated powder for skin irritation as directed |
| <input type="checkbox"/> Robitussin or other cough syrup as directed | <input type="checkbox"/> Calamine lotion for bug bites and poison ivy |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Other (list any other approved over-the-counter drugs): _____ | |

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M University.

Participant Name _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication



This portion of the form must be completed fully in order for participants to self-administer required medication. This form must be completed for each camp attended by the camper, for all medications, and each time there is a change in dosage or time of administration of a medication.

- No, my child does not need to take any prescription medication while at the program hosted at/by TAMU
- Yes, my child will need to take prescription medication while at the program hosted at/by TAMU

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the program hosted at/by TAMU under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a parent/legal guardian. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the student will be attending the program hosted at/by TAMU.

Participant's Name: _____

Medication Name: _____ Dose: _____

Specific Directions (i.e. on empty stomach, with water, etc.): _____

Time/Frequency of administration: _____

Relevant side effects: _____

Special Storage Requirements (if any): _____

Is the participant capable of self-managed care? Yes No

Prescribing Physician: _____

Clinic Name: _____

Telephone: _____ Fax/Email: _____

I authorize and recommend self-medication by my child for the above medication. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician. I agree to indemnify and hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees against any claims that may arise relating to my child's self-administration of prescribed medication(s) including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____