



## **UIW OVERNIGHT PROGRAM REQUIREMENTS**

Thank you for your interest in participating in our overnight program. We look forward to you joining our community for an exciting and informative weekend. Through planned activities and an overnight stay, we hope you gain a greater sense of university life. Our goal for the weekend is not only to have fun, but also to help you gain greater insight about what the University of the Incarnate Word has to offer you.

**Check-in:** Sunday @ 4:15 p.m. in the Mabee Library Foyer. Come ready to meet your student host and enjoy the Cardinal Overnighter. Monday, you will have the opportunity to attend UIW classes.

**Parking:** Parents and students, when you arrive on campus you may park in any unmarked parking space near Student Engagement Center. If you will be leaving a vehicle overnight, you will be given a parking permit and additional parking instructions upon check-in.

**Checkout:** Will occur between 11:00 a.m. and 5:00 p.m. on Monday depending on your individual class schedule. You can be picked up at the Admissions Office in the Administration Bldg.

**Registration and the \$35.00 fee is due by Friday, November 2, 2018\*.** We are unable to accommodate late registrants or walk-ins. \*Registration may close earlier than November 2, 2018, due to reaching capacity.

**The University of the Incarnate Word provides reasonable accommodations with adequate notice. To request disability accommodations for this event, please contact Eric Martinez, Office of Admissions at 210-805-3557, at least five business days in advance.**

**Forms you will need to have with you at check-in:**      **Additional items you need to bring:**

Waiver Form (below)  
Medical Release & Insurance Form (below)

Sleeping Bag and Pillow  
Towel  
Comfortable Clothing  
Toiletries

**Important Numbers for Parents:**

In case of emergency, please call:  
UIW Police                      (210) 829-6030  
UIW Switchboard              (210) 829-6000  
UIW Admissions                (210) 829-6005

If you have any questions, please feel free to call the Office of Admissions at 1-(800) 749-WORD or (210) 829-6005. We look forward to seeing you soon.

Sincerely,

**Eric Martinez**

Campus Visit Coordinator



# UNIVERSITY OF THE INCARNATE WORD

## RELEASE AND INDEMNIFICATION AGREEMENT

Please print and complete in full.

1. PARTICIPANT
  - a. Name \_\_\_\_\_
  - b. Address (Street, City, State, Zip) \_\_\_\_\_
2. Parent/Guardian Name (and address if different) \_\_\_\_\_  
\_\_\_\_\_
3. Date(s) of Activity \_\_\_\_\_
4. Activity/Event \_\_\_\_\_

**Participant:** Participant wishes to attend the University of the Incarnate Word Event or sponsored activity. Participation is voluntary and will not affect Admission to University of the Incarnate Word (UIW). Participant agrees to abide by all university, city, and state policies, regulations, and laws and understands that non-compliance with university staff directives, and/or policies, regulations and laws will result in immediate dismissal from the program and/or criminal prosecution. Participant MAY NOT LEAVE the Overnight Program at any time without prior notification to the appointed Admissions representative. Failure to comply with this rule will result in dismissal of Participant from the Overnight Program. I understand that Participant will be released only to the parent/guardian, unless prior arrangement has been made with the appointed Admissions representative.

**RELEASE AND INDEMNIFICATION:** We acknowledge that there may be inherent risks, arising from failure to follow instructions, communicable illness, and independent acts of third parties not under the control of UIW. We acknowledge that all risks cannot be prevented. In consideration of Participant being permitted to participate in the Activity, we accept all risk to Participant's health and of his/her injury or death that may result from such participation and we release UIW, its Trustees, officers, employees, and representatives from any and all liability to parents/guardians and Participant for all claims for loss of personal property, illness or injury to Participant, including death, in any way connected with the Activity, including injuries caused by any other participant in the activity whether caused by negligence of the UIW or otherwise. We further agree to indemnify and hold harmless UIW, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activity.

**We have carefully read this agreement and understand it to be a release of all Claims and causes of action for injury, death or damage to Participant that occurs while participating in the activity and it obligates us to indemnify UIW for any liability for injury or death of any person and damage to property caused by participant's negligent or intentional act or omission.**

**Participant and Parent/Guardian shall execute this document:**

\_\_\_\_\_  
Participant (please print) Participant's Signature and Date

\_\_\_\_\_  
Parent/Legal Guardian (please print) Parent or Guardian's Signature and Date

\_\_\_\_\_  
Parent/Legal Guardian Contact Numbers (include home and cell)

**PLEASE BRING THIS COMPLETED FORM WITH YOU TO THE OVERNIGHT EVENT**



**OVERNIGHT PROGRAM MEDICAL RELEASE AND INSURANCE FORM**

Please print.

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_ hereby authorize Jessica De La Rosa, Director, or her designee, at the University of the Incarnate Word, to seek appropriate medical treatment for \_\_\_\_\_ in case of emergency while he or she is attending the Overnight Program at the University of the Incarnate Word beginning at 4pm 11/11/18 to 5pm 11/12/18.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me. If I cannot be reached, I authorize first aid and medical treatment as may be recommended by licensed healthcare professionals for the treatment of injury or illness to my son/daughter. **The attending provider, UIW, Its Board of Trustees, officers and employees, and representatives shall not be responsible in any way for any consequences from such treatment and are released and indemnified by me from any and all claims and causes of action that may arise from such treatment.** I assume full responsibility for all medical expenses incurred as a result of any medical treatment and understand that UIW does not provide medical insurance for my son/daughter.

If your son/daughter requires medication during this activity, all medications must be identified below, must be in the original prescription container and must be provided to Eric Martinez, Campus Visit Coordinator, or her designee, at the University of the Incarnate Word at check in, for dispensing as directed. The only exception to this is an asthma inhaler or EpiPen® which shall remain in possession of your son/daughter, but must still be identified below. Please list all medications your child is currently taking, as well as any allergies he/she may have and any medical condition of which we should be made aware or which may affect your child's ability to fully participate in this event.

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The University of the Incarnate Word provides reasonable accommodations for special events with adequate notice. To request disability accommodation for events, please complete and submit a request for accommodation **at least five university business days prior to the event at <http://www.uiw.edu/ada/>.**

A photocopy of this authorization shall be as valid and may be accepted as the original.

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Participant (please print) Participant's Signature and Date

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Parent/Legal Guardian (please print) Parent or Guardian's Signature and Date

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Parent/Legal Guardian Contact Numbers (include home and cell)



## PODCASTING, PHOTOGRAPHIC, AND OTHER MEDIA CONSENT AND RELEASE FORM

I authorize and grant to the University of the Incarnate Word (UIW), St. Anthony Catholic High School, and Incarnate Word High School, all of which are referred to collectively in this agreement as UIW, and those acting pursuant to its authority, a non-exclusive, perpetual, worldwide license to:

1. Record my participation, likeness and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting;
2. Use my recorded likeness and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting;
3. Use my name and identity in connection with these recordings;
4. Use, reproduce, exhibit, or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet, podcast) my recorded likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium without restrictions or limitations for any educational or promotional purpose which UIW and those acting pursuant to its authority, deem appropriate, including promotional efforts.
5. Distribute the medium over the internet using formats that allow downloading and playback on mobile devices and personal computers, for the purpose of making the work available in any format through iTunes or other web-based service.
6. Make and maintain more than one copy (hard-copy and/or digital copy) of the work for purposes of security, back-up and preservation.

I release UIW and those acting pursuant to its authority, from liability for violation of any personal, intellectual (including copyright) or proprietary rights I may have in connection with uses of the recordings authorized above. To the extent required, I hereby grant and assign all copyright in the podcast, video, audio, photographic, digital, electronic, or any other medium utilized to UIW. I waive any right to inspect or approve the final use(s) of the video, audio, photographic, digital, electronic, podcast or any other medium. As to the video, audio, photographic, digital, electronic, podcast itself, or any other medium, I understand and agree that UIW shall have exclusive ownership of the copyright and other proprietary and property rights in the work.

I waive any rights, claims, or interests I may have to control the use of my likeness, voice, name, recordings, and/or identity in the recordings and podcasts authorized above. I agree that any uses described above may be made without compensation or additional consideration to me. I agree that UIW shall have the right to remove the work from the hosted media or web-based service at anytime without prior notice for any reason deemed to be in UIW's best interest.

I waive and release UIW and its officers, agents and employees from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements in the work, including all claims of compensation, damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said recordings and podcasts. I agree to indemnify UIW and its officers, employees, agents, successors, heirs, and assigns, for any and all claims, liabilities, damages, and expenses, including reasonable attorneys' fees actually incurred, due to any claimed infringement of copyrights, trade names, trademarks, service marks, right of publicity or privacy, or other proprietary, personal or property right arising from publication of the work through the hosted media or as a result of my breach of any covenant or warranty herein contained.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas.

By my signature, I represent that I have read and fully understand the terms of this release. **(A parent or guardian of youth under 18 must also sign.)**

Name (print): \_\_\_\_\_ Date of Birth: : \_\_\_/\_\_\_/\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: : \_\_\_/\_\_\_/\_\_\_

**I HAVE CAREFULLY READ THIS CONSENT AND RELEASE FORM AND AGREE TO ITS TERMS ON MY BEHALF AND ON BEHALF OF THE MINOR CHILD IDENTIFIED ABOVE.**

\_\_\_\_\_  
Signature of Parent/Guardian (of youth under 18): \_\_\_\_\_ Date: : \_\_\_/\_\_\_/\_\_\_

Project: \_\_\_\_\_ Date of Project: \_\_\_/\_\_\_/\_\_\_