



The University of Texas at El Paso
Professional and Public Programs

ADULT Participation Form

Please complete and bring with you on the first day of class!

Participant's Name _____ DOB _____

Address _____
Street City State Zip Code

Phone: _____ Email: _____

Dates: _____ Location: UTEP or as otherwise noted at the time of registration

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I. MEDICAL INFORMATION (please type or print legibly)

Name of Emergency Contact _____ Health Insurance Company _____

Address _____ Telephone #: _____
(Street or P.O. Box, city, state, zip code)

Office phone: _____ Policy #: _____

Home phone: _____

Email: _____

Participant's Allergies/Current Medications _____ _____ Participant's Health Needs/Accommodations _____ _____ _____

II. EMERGENCY MEDICAL AUTHORIZATION

I, the above named participant, do hereby authorize The University of Texas at El Paso and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to me upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

III. SPECIAL ACCOMMODATIONS/NEEDS

If you believe that a disability or other condition requires a special accommodation, please contact the Professional and Public Programs registration staff at (915) 747-5142 or ppp@utep.edu.

IV. PARTICIPATION GUIDELINES

Participants, or their representatives, who behave in a manner which is disruptive to the learning process, or which interferes with the well-being of other participants or staff, or which may cause damage to University or contracted facilities, may be subject to permanent removal from enrolled course(s). If this occurs, the refund for the course will be prorated minus the appropriate processing fee under the specific refund policy for the course or activity.

1. Participants have a responsibility to the environmental settings where our events are being held including building grounds, furnishings, and natural wildlife. If a participant is responsible for any damage, the participant will be held financially responsible for the specific repair or replacement cost resulting from the damage.
2. Participants are expected to remain in the designated buildings or areas and to participate in all group activities.
3. Participants are expected to dress appropriately. It is not appropriate for participants to wear clothes that expose undergarments.
4. Radios, recorders, tape and CD players, TV's, electronics and video games, skateboards, roller skates and blades, etc. tend to be a distraction to the individual and must be left at home. Cell phones are allowed, but need to be left in a pocket or purse and not used. The University of Texas at El Paso is not responsible for these items if they are brought to a course or camp.
5. Participants are expected to show consideration and respect for others, including other participants and instructors. Offensive language will not be tolerated.
6. No illegal substances will be allowed. UTEP is a drug-free institution.
7. All individual classroom policies must be followed.

In order for you to participate, please fill out BOTH sides of this form completely.

ADULT RELEASE AND INDEMNIFICATION AGREEMENT

I, the below named Participant, am eighteen (18) years of age or older and have voluntarily applied to participate in the course or activity. I acknowledge that the nature of the course or activity may expose me to hazards or risks that may result in illness, personal injury, or death and I understand and appreciate the nature and possibility of such hazards and risks.

In consideration of my participation in the program, activity, or trip, I hereby accept all risk to my health and of my injury or death that may result from such participation, and I hereby release The University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at El Paso and its governing board, officers, employees, and representatives from any liability for injury or death of any person(s) or damage or loss to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip. The indemnification related to the loss or damage of my personal property further applies to the storage of my personal property and equipment while participating in the above-referenced activity or trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION AGAINST THE UNIVERSITY OF TEXAS AT EL PASO, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, AND REPRESENTATIVES, FOR MY INJURY OR DEATH, OR DAMAGE OR LOSS TO MY PROPERTY, THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP. I FURTHER UNDERSTAND IT OBLIGATES ME TO INDEMNIFY AND HOLD HARMLESS THE UNIVERSITY OF TEXAS AT EL PASO, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, AND REPRESENTATIVES FROM ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

MEDIA CONSENT AND RELEASE

I hereby authorize The University of Texas at El Paso, Professional and Public Programs, and those acting pursuant to its authority to:

- a) Record Participant's likeness and voice on any medium including but not limited to video, audio, photographic, digital, electronic, or other medium.
- b) Use Participant's name in connection with any recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW), these recordings, in whole or in part, without any restrictions or limitations, for any purpose that The University of Texas at El Paso, and those acting pursuant to its authority, deem appropriate, including educational, promotional, or advertising efforts.

I hereby release The University of Texas at El Paso and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. This release is executed gratuitously and/or for any self-satisfaction which I may derive from any publication or programs in which my likeness or voice may appear. I understand that all such recordings, in whatever medium, shall permanently remain the sole property of The University of Texas at El Paso.

I do authorize The University of Texas at El Paso, Professional and Public Programs, and those acting pursuant to its authority for this Media Consent and Release.
_____ Participant Initials

I do not authorize The University of Texas at El Paso, Professional and Public Programs, and those acting pursuant to its authority for this Media Consent and Release.
_____ Participant Initials

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS OF ALL RELEASES ON THIS FORM INCLUDING THE AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, PARTICIPATION GUIDELINES, THE RELEASE AND INDEMNIFICATION AGREEMENT, AND THE MEDIA CONSENT AND RELEASE.

Student Name (PRINT)

Signature of Adult Student

Date

Thank you for your cooperation in having all forms completed and returned to Professional and Public Programs.

Rev 5/2023



**UTEP
PROFESSIONAL AND
PUBLIC PROGRAMS
EXTENDED UNIVERSITY**