PLEASE READ CAREFULLY. Be sure that you understand ALL statements before signing.

I, (please print full name) ____________________________, understand that my attitude and behavior are critical to the success of LeaderShape-Texas. Therefore, for the good of the event, as well as my fellow participants, and in exchange for being granted the opportunity to attend LeaderShape-Texas, I agree to abide by the following:

1. I will be a representative of The University of Texas at Austin throughout my stay at LeaderShape-Texas and I will conduct myself in a responsible fashion.

2. I agree to my share of daily responsibilities as a LeaderShape-Texas participant, such as participation in and attendance at all sessions and events.

3. I will be responsible for my personal belongings and equipment and will not hold The University of Texas at Austin nor any of its component Colleges or Schools, LeaderShape-Texas responsible for any loss or damage.

4. I understand that I will be assessed for damages to any property belonging to The University of Texas at Austin or to any property I come in contact with connected with LeaderShape-Texas should damages occur, especially through my negligence or abuse.

5. I will observe safety precautions for all activities within this event, and taking all other safety precautions that will be discussed upon arrival at the conference site.

6. I will try to be sensitive to the needs of my fellow LeaderShape-Texas participants and will respect the places and people with whom I come in contact during the week's activities.

7. I understand that I am expected to remain at the conference site and that I may not have visitors during LeaderShape-Texas.

8. I understand that alcoholic beverages, illegal drugs, fireworks, noisemakers, firearms, or weapons of any kind are not permitted on my person or my belongings or for my personal use and are not permitted at LeaderShape-Texas, and that violations of this rule will result in immediate expulsion from the event.

9. I further understand that LeaderShape-Texas may be physically or mentally demanding, but that these demands will be to the benefit of myself as well as my team.

10. I understand if any of the above guidelines in the Participant Agreement are not followed, I will be subject to immediate dismissal from LeaderShape-Texas.

11. I understand that if the Participant Agreement, Emergency Medical Information, Challenge Course and Release & Indemnification Agreement Forms and my $100 check are not received in the Cockrell School of Engineering Student Life Office, ECJ 1.224, by 4:00pm, Monday, April 11, 2011, an alternate will be chosen to replace me.

I have read and understand my responsibilities as listed above:

__________________________________________  ____________________________
Participant Signature                           Date
I. MEDICAL INFORMATION (Please TYPE or PRINT LEGIBLY)

A. Name: ____________________________________________________ (Last) (First) (Middle)
   Address: ____________________________________________________ (Street or P.O. Box, Apt. #) (City) (State) (Zip)
   Telephone Numbers: DAY (_____) __________________ NIGHT (_____) __________

B. Name of Nearest Relative: _____________________________________________
   (Last) (First) (Middle) (Relationship)
   Address: ____________________________________________________ (Street or P.O. Box, Apt. #) (City) (State) (Zip)
   Telephone Numbers: DAY (_____) __________________ NIGHT (_____) __________

C. Physician’s Name: ___________________________________________
   Address: ____________________________________________________ (Street or P.O. Box, Apt. #) (City) (State) (Zip)
   Telephone Numbers: OFFICE (_____) __________ EMERGENCY (_____) __________

D. Dentist’s Name: ___________________________________________
   Address: ____________________________________________________ (Street or P.O. Box, Apt. #) (City) (State) (Zip)
   Telephone Numbers: OFFICE (_____) __________ EMERGENCY (_____) __________

E. Health Insurance Company Name: ________________________________
   Policy Number: ___________________________________________ Telephone: (_____) __________

F. Allergies: ___________________________________________________

G. Current Medications: ___________________________________________

H. Special Health Needs: ___________________________________________

I. Special Dietary Needs (vegetarian, other, etc.): _______________________

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at Austin and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered 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.

The effective dates of this authorization are ______________________ to ______________________ .

I am eighteen years of age or older, have read and understand the above authorization, and confirm that the information contained therein is true and accurate.

________________________________________________________________________
(Signature of Individual Providing Authorization) (Date)

(for persons eighteen years of age or older)
The University of Texas at Austin

CONSENT AND WAIVER

TO WHOM IT MAY CONCERN:

I hereby grant full permission to LeaderShape-Texas, The Cockrell School of Engineering and The University of Texas at Austin to prepare, use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness or voice, or any or all of them in or in connection with the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication for informational or any other professional purpose deemed necessary in the interest of the mission of LeaderShape-Texas, The Cockrell School of Engineering and The University of Texas at Austin.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by LeaderShape-Texas, The Cockrell School of Engineering and The University of Texas at Austin.

This consent and waiver will not be made the basis of a future claim of any kind against LeaderShape-Texas, The Cockrell School of Engineering and The University of Texas at Austin and any of its agencies.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ______ day of ___________ A.D. 20____ .

PRINTED NAME: ____________________________________________

SIGNATURE: ________________________________________________

PERMANENT ADDRESS:

___________________________________________________________

___________________________________________________________

SIGNATURE OF PARENT OR GUARDIAN
(Required when minor is recorded or when otherwise justifiable)

PRINTED NAME: ____________________________________________

SIGNATURE: ________________________________________________

DATE: ______________________________________________________

WITNESS

PRINTED NAME: ____________________________________________

SIGNATURE: ________________________________________________

DATE: ______________________________________________________
RELEASE AND INDEMNIFICATION AGREEMENT

STUDENT: (name and address – please PRINT)  INSTITUTION: 
__________________________________________________________ The University of Texas at Austin
__________________________________________________________

DESCRIPTION OF ACTIVITY OR TRIP:
LeaderShape-Texas

LOCATION: Canyon of the Eagles in Burnet, Texas


I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the above named Activity or Trip, I hereby accept all risk to me health and of my injury or death that may result from such participation and I hereby release the above named Institution, 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 Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

_______________________________  _______________
Signature of Student  Date

_______________________________  _______________
Witness  Date

ADULT STUDENT
Due to the scholarship nature of being selected as a participant in LeaderShape-Texas, a $100 non-refundable fee (check or money order) is required.

In the event that you must cancel due to a family emergency, accident or illness (i.e. something beyond your control), your fee will be returned, but you must notify the Engineering Student Life Office, Cockrell School of Engineering, (512) 232-5778, within 24 hours of your decision to withdraw from the Institute. Failure to provide notification will result in non-refund of your $100.

I have read, understand and agree to the LeaderShape-Texas Refund Policy as stated above:

Printed Name: ____________________________

(Last) ___________________________________

(First) ___________________________________

Participant Signature ____________________ Date ____________________
1619 South College Street, Georgetown, Texas 78626  
Phone/Fax 512-864-9588  Cell 512-657-1589

Please Print
Name

E-mail
Address

Mailing
Address

Home Phone
Number

Work
Phone

Fax

Participants Statement of Health

Certain health and medical information must be made known to the facilitator(s) conducting the activities so that they may be prepared to respond appropriately if the need arises. This information will be held in confidence. Giving this information will not exclude you from participation in the activities, but will allow the instructors to plan a more comprehensive experience for you and the team. Items below are optional.

<table>
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<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>Date of Birth</th>
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Please list any health/medical information that you consider pertinent for you to participate in this event:

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of The Adventure Alliance, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AA"), I hereby agree to release, indemnify, and discharge AA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure-based activities such as portable low ropes course activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, AA staff has difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of AA's equipment or facilities, including any such Claims which allege negligent acts or omissions of AA.

4. Should AA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against AA, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against AA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

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<th>Signature</th>
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<tr>
<td>Parent/Guardian</td>
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<td>Parent/Guardian</td>
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</table>

Signature(s) of parent(s) or guardian(s) (if participant is under 18)

Additional Comments:
2011 LeaderShape-Texas
The University of Texas at Austin
Student Information - May

Location: Canyon of the Eagles Lodge, Burnet, Texas  http://www.canyonoftheeagles.com
(about 18 miles northwest of the town of Burnet, Texas)

Phone: (800) 977-0081
NOTE: Please give this number to anyone who might need to reach you in an emergency.

Additional Contact Information:

Glynda Groth-Putnam  Susan Higginbotham
Office: (512) 232-5778  Office: (512) 232-5778
e-mail: gggroth@mail.utexas.edu  e-mail: shiggy@mail.utexas.edu

Emily Chen  Kate Rogers
Cell: (713) 539-3313  Cell: (281) 851-8034
e-mail: emily.ht.chen@mail.utexas.edu  e-mail: kathleenrogers@mail.utexas.edu

What to Bring (PLEASE bring ALL items):

- Casual clothes (jeans, t-shirts, shorts, etc.)
- Comfortable shoes (be sure to include tennis shoes)
- Business Casual Attire for Graduation on Day 6
  (Men: Dockers/Slacks, nice shirt/tie/polo, etc. Women: Pantsuit, skirt, slacks, blouse, dress, etc.)
- Personal toiletries (shampoo, soap, etc.)
- Jacket or coat
- Any medications that you might need or take
- Flashlight – VERY important!
- Pen and pencil
- Alarm clock
- Sunscreen (if sunny on day of challenge course)
- Umbrella or rain poncho
- Camera (optional but recommended)
- Swimsuit, beach towel