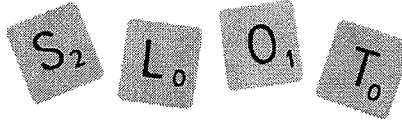


TEXAS A&M UNIVERSITY



IT'S YOUR MOVE!

Student Leaders of Tomorrow Conference Registration February 12-14 2010

Student Information

Last Name: _____ First Name: _____

Preferred Name: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Shirt Size: _____ Gender: _____

High school you currently attend: _____

What year in high school are you? (circle one) Junior Senior

Please rank your choices for breakout sessions you would like to attend, from 1 to 4 with 1 being your top choice:

____ Integrity ____ Communication
____ Leadership ____ Goal Setting

Do you request a vegetarian option? (circle one) Yes No

Do you require a parking permit for the weekend? (circle one) Yes No

If you circled "Yes" for a parking permit, include an additional \$30 for your registration fees.

Medical Information

In case of emergency contact:

First: _____ Last: _____

Relationship with Person: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip: _____

Name of Doctor: _____ Doctor's Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

Name of policy holder: _____

Allergies: _____

Medications: _____

Please list any special needs or disabilities (include dietary): _____

Please have your parent/guardian complete this section of the application:

Parent/Guardian Name

First: _____ Last: _____

I _____ give my permission for my son/daughter to attend the Student Leaders of Tomorrow (SLOT) Conference February 12-14, 2010.

Parent/ Guardian Signature Date

Please include your registration fees of **\$90** (or **\$120** if you need a parking permit). We accept personal checks or cash only. Make checks payable to MSC SLOT Conference.

Mail completed forms and payment to:
SLOT Conference
C/O MSC Students Programs Office
1237 TAMU Mail Stop
College Station, TX 77844

**Registration is first come, first serve as space permits.
All registration materials must be postmarked by January 14, 2010.**

Behavior Agreement

The SLOT Conference aims to give high school juniors and seniors the chance to experience college life first-hand while learning valuable leadership skills. To ensure that every student is receiving the full benefits of the conference, we ask that this behavior code be followed.

All delegates are expected to follow the University policies and regulations which can be found at <http://student-rules.tamu.edu>.

Delegates:

- May not leave campus for any reason.
- May not be under the influence and/or use of alcohol or any kind of illegal drug.
- Must be present at all conference activities.
- Are expected to follow the Texas A&M University policies and regulations noted above.
- Must follow any further rules or restrictions implemented by the staff during the conference.

If a delegate fails to abide by any of these rules they will be sent home without a refund of payment.

I have carefully read and understand the provisions stated above and I agree to be bound thereby.

Participant Printed Name

Signature

Date

Parent/Guardian Printed Name

Signature

Date

MSC 2010 SLOT Conference

Program Name

CAMP & ENRICHMENT PROGRAM

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 the 2010 SLOT Conference _____ (herein referred to as "camp"), which is sponsored by MSC ALOT _____, (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, or 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 cuts, bruises, and/or scrapes, 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: _____

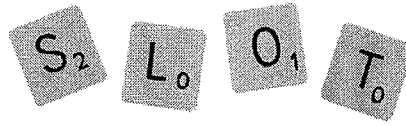
Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

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 Primary Policy Holder: _____
Please list any special services your child may require: _____

TEXAS A&M UNIVERSITY



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PHOTO RELEASE FORM

I give MSC ALOT – Student Leaders of Tomorrow the right to use my name, my still photo or video image, or my words (audio or text-based) in any media, for purposes of evaluation, training, research, promotion, marketing, recruiting, fundraising, exhibits, or any other lawful purpose. I waive any right to inspect or approve the use of any hard copy or electronic record that may appear in connection with such use. This release is for worldwide use.

Student's Printed Name: _____

Student's Signature: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____