

Student and Parent Handbook

Texas State University-San Marcos
Summer Theatre Camp

Student Guidelines and Responsibilities:

1. To adapt and learn from a university environment.
2. To comply with all university, housing, and program rules.
3. To attend all classes and activities on time, unless officially excused.
4. To meet with counselors, teachers, tutors, and staff when scheduled.
5. To keep room and personal belongings neat, clean, and orderly at all times.
6. To pay for repairs or replacements of any damaged property.
7. To complete and update medical history, residence, and any pertinent information as soon as changes are in effect.
8. During any camp event/activity, not to wander away from the group, or proceed anywhere without informing proper staff.
9. During the camp, to remain on campus at all times unless accompanied by a staff member, parent, or guardian.
10. Smoking, vaping, or any tobacco product is NOT allowed.
11. Program policy prohibits the use or possession of alcohol, controlled or illegal substances or any weapons while enrolled in the program.
12. The use of drugs is prohibited unless under the medical supervision of the university health center or a physician.
13. All prescribed medications must be registered with the Department of Theatre and Dance at registration.
14. Clothing which depicts drugs, alcohol, vulgar, and/or gang related material, OR which does not appropriately cover the body will NOT be allowed.
15. To respect all fellow students, program staff, and university personnel.
16. Overt-display of affection will not be allowed.
17. No electronic devices (cell phones, i-pods, i-pads, video games, etc.) will be allowed to be used by participants during classes, meetings, or rehearsals.
18. Sexual misconduct will be reported immediately to the Texas State Title IX office.

Standard of Conduct & Ethics

Behavior

Participants are expected to behave in accordance to standards, which contribute positively to a learning environment. This behavior is essential for the development of respect, trust, and leadership abilities that are promoted by the camp and Texas State University, and any negative behavior is not tolerated.

Campus

As you know, Texas State University-San Marcos is hosting the camp and has provided access to the University's resources and facilities. With this in mind, we ask that all participants respect the privilege that has been given by ensuring that at each activity or event during the camp that you respect and care for the facilities by making certain that areas are clean, and that you, as a camp participant, abide by the university policies and procedures, and those of the camp program.

Attire

Attire should not interfere with or distract from the positive learning environment we support.

Residential Staff

When the participants reside at the Texas State University dorms, there will be summer residential staff that will facilitate, monitor, and maintain all events and activities during the duration of their stay. Campers are to abide by the rules and regulations provided by the residential staff at all times. Any violations will be subject to review by the director and may result in removal from camp.

Dorms

Throughout the duration of the camper's stay in the University's dorms, each individual participant is responsible for maintaining the appearance of their area that includes their assigned room and building. Any damages shall be the responsibility of the participant and parent or guardian. There will be a lost key fee imposed on any student who loses his/her room key.

Safety

The safety and welfare of each participant and the group as a whole is a top priority for the theatre camp. We ask that each participant regard safety in the same manner. To maintain safety at all times, we also ask each participant to behave in a manner that will promote safety by making sure other participants abide by our safety rules:

1. No participant shall cause harm to themselves or others.
2. All participants shall be cautious in their daily activities.
3. No participants may wander around the campus without a camp staff escort.
4. Any student driving to campus must relinquish their keys to camp staff at registration. Keys will be returned upon completion of the camp.
5. All accidents or incidences must be reported immediately to a camp staff member, no matter the time of day.
6. All rules and regulations shall be followed to ensure maximum efforts towards a safe environment.

Medical History & Insurance

In order for the camp to provide the maximum effort in safety, we require that each parent/guardian provide their son's/daughter's current medical history and insurance information. Those forms must be completed prior to your son's/daughter's entrance into the camp, and should be updated as needed. This should include all physicians and policy numbers. A copy of proof of insurance is required with the Medical History form.

The medical history should include a list of medications being taken and amount of dosages, as well as a list of all allergies. Please ensure that all documentation remains current and accurate should a medical emergency occur and your child needs immediate medical attention.

During the camp, any participants taking medications must submit their medications to the camp director to keep safely from others.

Camp staff will provide basic Over the Counter medications (Tylenol, Benadryl, etc.); however, a parent/guardian authorization, waiver, & consent form for over-the-counter medication administration must be on file at registration.

Release of Camp Participant

During the two week stay of the camp, the students' schedules are quite full. Programs start early and end late. Time spent in classes, rehearsals and in the dorms creates a camaraderie and bonding experience as each student comes to know the other participants of the camp.

If the student must leave for a short while at any time during the two weeks, it must be arranged **prior to the beginning** of the camp. Please complete the Parental Authorization and Request for Departure form and submit by the first day of camp.

The following Check Out/In procedures must be followed:

Parent/guardian checking in with camp staff before the student's departure,

Provide proof of identity (driver's license) to camp staff,

Allow camp staff to release the student from workshop activities

Upon arrival back to camp after the scheduled event, the student must check back in with camp staff before returning to workshop activities.

Ultimately, consideration must be given to production and performance when taking into account the length and date of the student's absence. If the student's absence hinders the performance, camp staff may need to recast the role or student's production responsibility. This will be handled on a case by case basis.

Emergencies

In case of emergencies we have requested various forms to be provided for the camp. These forms are to allow the camp program to provide medical attention for your child in the event of an accident or medical emergency. Should there be a medical emergency, our procedures are as follows:

- A camp staff member will immediately call 911

- The camp staff is to notify the camp director and legal guardian as soon as possible.

- Depending on the situation, the participant will be transported to hospital, or a trained University personnel will render first aid following the instructions of 911.

- Camp staff will fill out incident report with information regarding accident.

Students who are unable to attend the summer camp must notify the camp director two weeks prior to the start of camp in order to request a refund. The non-refundable deposit will not be refunded. Students who need to leave early for any reason will not be granted a refund since all dorm and meal tickets must be purchased in advance and are non-refundable.

Please complete and sign the following form indicating you have read, understand and agree to comply with all camp policies, rules and regulations.

Texas State University-San Marcos
Summer Theatre Camp
Student Parent Handbook Form of Compliance

I acknowledge that I have reviewed the rules, policies and procedures outlined in the Student Parent Handbook for the Texas State University Summer Theatre Camp.

I understand that any failure to follow these rules, policies and procedures may result in consequences including, but not limited to, restrictions from camp activities, disciplinary action or immediate dismissal from the camp.

I understand that if dismissed from the Texas State University Summer Theatre Camp for disciplinary reasons, no refund of camp tuition will be granted.

With the understanding that both Student and Parent have read and agree to these terms and conditions, I verify that I am a willing participant of the Texas State University Summer Theatre Camp:

Student Participant's Name *(Please Print)*

Student Participant's Signature

Date

Release of Liability, Indemnification and Assumption of the Risk Agreement

(Form for Adults)

Participant Name (Print): _____

Organization: Texas State University Department of Theatre & Dance

Activity: High School Theatre Camp
(Please describe specifically the Activity)

Activity Dates: July 7- July 20, 2024

This is a Release of Liability, Indemnification and Assumption of Risk agreement. Read it carefully and sign below. Completion of this form is required before you participate in the Activity. This document cannot be altered or modified by any verbal or written statements.

Initial Releasees: The "Releasees" in this agreement are, The Texas State University System, Texas State University (name of institution), and all regents, directors, employees, agents, and officers and volunteers of such entities.

Initial Assumption of Risks: To the best of my knowledge, I am in good health and have no physical limitations that would preclude or impede my participation in the Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I elect to participate voluntarily and engage in the Activity knowing that the Activity may be hazardous to my property and me. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of the Releasees.

Initial **INDEMNIFICATION: I AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION , COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO MY PARTICIPATION IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF MY LOSS OF PROPERTY, MY PERSONAL OR BODILY INJURY OR DEATH, MY INJURING ANOTHER PERSON AND/OR MY DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.**

THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.

Release of Liability, Indemnification and Assumption of Risk Agreement, Cont'd

Initial **Release:** In consideration for facilitating my participation in the Activity described above, I release, discharge, and agree not to sue the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever, including without limitation any claims of negligence, arising out of any loss or damage to my property and/or any personal injury or death, that I may sustain, whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.

Initial **Intent:** I intend that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of Risk Agreement should be construed in accordance with the laws of the State of Texas.

Initial **Free Act:** I acknowledge that I have read and understand this Release of Liability, Indemnification and Assumption of the Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am of lawful age (18 years or older) and legally competent to sign this Agreement.

Signature of Participant

Date

Texas State University
UPPS 05.06.03 Student Travel
Authorization for Medical Treatment

I, _____
full name

authorize a Texas State University representative to furnish such medical care that may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not prevent the representative from providing such medical and/or emergency treatment as may be necessary for the best interest of the life of the individual. I further understand and agree that Texas State University is not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment provided to the individual named above.

Please complete the section below.

Name of Insurance Company: _____ Policy # _____

Name of Physician: _____ Phone # _____

In case of emergency, contact _____

Work # _____ Home # _____ Relationship _____

Second Contact _____

Work # _____ Home # _____ Relationship _____

Date

Printed Name

Signature