

CAMP/CONFERENCE INFORMATION

Name of Camp/Conference: _____

Address:

City:	State:	Zip:	Website:
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Type of Camp/Conference: Overnight Overnight and Commuter Day Camp

Start Date: _____ **End Date:** _____

Anticipated Attendance: Overnight: _____ Commuter: _____ Day/Camp: _____

Age of Participants: _____

CONTACT INFORMATION

Camp/Conference Director(s):

Phone:	Email Address:
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Camp/Conference Coordinator(s):

Phone:	Email Address:
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MARKETING INFORMATION For UT Arlington Division/Department Programs Only

Would you like your camp or conference to be featured in print, online, electronic and/or social networking marketing materials? Yes No

Please provide a quick summary of your camp or conference to be used for marketing to the community:

Registration Fee Per Participant:

Please list the target age group or grade levels for your program (ex. ages 8-12 or grades 4-6):

The Office of Guest Services reserves the right to edit as necessary and review your website for accurate content pertaining to UT Arlington and will request changes as needed prior to publishing any information.

SUMMER CAMP GUIDE

UT Arlington provides two comprehensive Summer Camp Guides outlining information and requirements for hosting a summer program on campus. One guide is available for UT Arlington Division/Department Programs and a second guide is available for External Programs. **Camp Directors are responsible for the content contained in the Summer Camp Guide designated for their program type.** Policies and Procedures in the Summer Camp Guides may change. The Office of Guest Services will communicate these changes. Camp Directors are responsible for being in compliance. Both Summer Camp Guides are available online at www.uta.edu/conferences.

University of Texas Arlington • Guest Services
Box 19349 • 300 W. First Street • Arlington, TX 76019-0349
T 817-272-6576 • F 817-272-5339

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

STATEMENT ON INSURANCE**UT Arlington Division/Department Programs**

Systemwide Camp Program Insurance is required through the UT System Office of Risk Management. The Camp Program provides Excess Accident and General Liability coverage to participants and staff of enrolled, UT-owned and operated camps held throughout the year. Information and applications for summer is typically available by mid/late April. Insurance information will be emailed to Camp Directors and available online at www.uta.edu/conferences.

External Programs

In accordance with the *Rules and Regulations* of the Board of Regents of The University of Texas System 6.(11)5, External Programs (herein after known as Licensee) must provide and maintain, during the term of the program, a policy of comprehensive general liability and property damage insurance issued by a company authorized to conduct business in the state of Texas *naming the Board of Regents, the U.T. System, the University of Texas at Arlington, and the officers and employees of each ("UT Parties")* as additional insureds, providing coverage for bodily injury and death of persons and damage to property that result directly or indirectly from the negligent or intentional act or omission of, or from the use or condition of any property, equipment, machinery, or vehicle used, operated, or controlled by, the Licensee or its officers, employees, agents, or subcontractors while on property owned by the U.T. System or a component institution.

The general liability policy must include Sexual Misconduct/Sexual Abuse coverage or Licensee must provide and maintain a separate Sexual Misconduct/Sexual Abuse policy and name the UT Parties as additional insureds. The limit of liability for each occurrence under the aforementioned policies shall not be less than one million dollars (\$1,000,000) for bodily injury, abuse, or death of a person and one million dollars (\$1,000,000) for property damage. Licensee and its insurer also agree to provide a complete waiver of subrogation in favor of the UT Parties. Additional insured status and waiver of subrogation shall be evidenced by signed policy endorsements or policy declarations.

This insurance needs to be provided before Licensee makes use of UT Arlington's facilities. Licensee shall deliver to UT Arlington's Guest Services Office a certificate of insurance, policy endorsements, and a copy of said policies establishing the existence of all insurance required to the reasonable satisfaction of UT Arlington.

SIGNATURE REQUIRED

This request does not constitute a Contract or Agreement with UT Arlington. At a later date the Camp Director will receive an official Agreement for any housing, facilities and dining. Failure to comply with the requirements listed on this form and those in the Agreement will result in cancellation of the camp/conference.

Submitted by:_____
Name of Event or Conference (Licensee)_____
Name of Conference (Licensee) Representative (print name)_____
Signature_____
Date**Approved by:**_____
Director of University Center_____
Date

Please Submit Form To:
University of Texas Arlington • Guest Services
Box 19349 • 300 W. First Street • Arlington, TX 76019-0349
T 817-272-6576 • F 817-272-5339
Email: mquinn@uta.edu

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