

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

Participant Name:	
Address:	
Phone Number:	
Description of Activity or Trip:	
Location:	Date(s):
the above Activity or Trip. I acknowled	years of age or older and have voluntarily applied to participate in dge that the nature of the Activity or Trip may expose me to hazards personal injury, or death and I understand and appreciate the nature
In consideration of my participation in injury or death that may result from su	the Activity or Trip, I hereby accept all risk to my health and of my ch participation.
Board of Regents), officers, employed from any liability to me, my persona and all claims and causes of action for injury to my person, including my in the Activity or Trip, WHETHER	es and representatives, in their individual and official capacities, all representatives, estate, heirs, next of kin, and assigns for any for loss of or damage to my property and for any and all illness y death, that may result from or occur during my participation R CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS CERS, EMPLOYEES, OR REPRESENTATIVES, OR
University of Texas System Board of R and official capacities, from liability for	harmless the above-named Institution and its governing board (The Regents), officers, employees, and representatives, in their individual or the injury or death of any person(s) and damage to property that tional act or omission while participating in the described Activity
OF ALL CLAIMS AND CAUSES O MY PROPERTY THAT OCCURS O OR TRIP AND IT OBLIGATES I LIABILITY FOR INJURY OR DE	S AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY ME TO INDEMNIFY THE PARTIES NAMED FOR ANY EATH OF ANY PERSON AND DAMAGE TO PROPERTY R INTENTIONAL ACT OR OMISSION.
Signature of Participant:	Date: