

## **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 ackn	am 18 years of age or older and have voluntarily applied to participate in nowledge that the nature of the Activity or Trip may expose me to hazards ness, personal injury, or death and I understand and appreciate the nature
In consideration of my participati injury or death that may result from	ion in the Activity or Trip, I hereby accept all risk to my health and of my om such participation.
Board of Regents), officers, emp from any liability to me, my pe and all claims and causes of ac or injury to my person, includi in the Activity or Trip, WHET	ned Institution, its governing board (The University of Texas System ployees and representatives, in their individual and official capacities, ersonal representatives, estate, heirs, next of kin, and assigns for any ation for loss of or damage to my property and for any and all illnessing my death, that may result from or occur during my participation THER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR
University of Texas System Boar and official capacities, from liabi	hold harmless the above-named Institution and its governing board (The ed of Regents), officers, employees, and representatives, in their individual ility for the injury or death of any person(s) and damage to property that intentional act or omission while participating in the described Activity
OF ALL CLAIMS AND CAUS MY PROPERTY THAT OCCO OR TRIP AND IT OBLIGAT LIABILITY FOR INJURY O	THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE SES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO URS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY TES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY OR INTENTIONAL ACT OR OMISSION.
Signature of Participant:	Date: