

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

Participant Name:	
Address:	
Phone Number:	
Description of Activity or Trip:	
Location:	Date(s):
to sign this Agreement. I give permis I acknowledge that the nature of the	e named Participant who is under 18 years of age and am fully competent tion for Participant to participate in the above-referenced Activity or Trip. Activity or Trip may expose Participant to hazards or risks that may result y, or death and I understand and appreciate the nature of such hazards and
	permitted to participate in the Activity or Trip, I hereby accept all risk to ary or death that may result from such participation.
of Regents), officers, employees an liability to Participant, Participant any and all claims and causes of ac all illness or injury to Participant's Participant's participation in the A	estitution, its governing board (The University of Texas System Board I representatives, in their individual and official capacities, from any is personal representatives, estate, heirs, next of kin, and assigns for tion for loss of or damage to Participant's property and for any and person, including his/her death, that may result from or occur during ctivity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE G BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES,
University of Texas System Board of official capacities, from liability for t	Id harmless the above-named Institution and its governing board (The Regents), officers, employees, and representatives, in their individual and he injury or death of any person(s) and damage to property that may result ional act or omission while participating in the described Activity or Trip.
ALL CLAIMS AND CAUSES OF DAMAGE TO PARTICIPANT'S DESCRIBED ACTIVITY OR TINAMED FOR ANY LIABILITY	IS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE IP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO RTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR
Signature of Parent/Guardian:	Date:
Address (if different than Participant	: ,