

RELEASE, INDEMNIFICATION AGREEMENT AND ACKNOWLEDGMENT FOR ON-LINE CAMPS AND CLINICS FOR ADULTS

PARTICIPANT NAME:		_
ADDRESS:		
PHONE NUMBER:	EMAIL:	
ON-LINE CAMP OR CLINIC DESCRIPTION:		
DATE(s):		

I am 18 years of age or older and am fully competent to sign this Agreement. I have voluntarily applied to participate in the above on-line camp or clinic. I acknowledge that the nature of the camp or clinic may expose me to hazards or risks that may result in property damage, personal injury or cyber hazards. I fully appreciate the nature of such hazards and risks and in consideration of my participation in the on-line camp or clinic, I hereby accept all risks that may result from such participation.

These on-line programs and activities include, but are not limited to: on-line academic camps, debate camps, eSports camps, fun activities camps, communications camps, research camps, etc. I acknowledge that the nature of the programs and activities may expose me to hazards or risks that may result in a) my illness, personal injury, or death; or b) loss of or damage to my personal property; and c) cyber hazards. I understand and appreciate the nature of such hazards and risks.

ON-LINE programs and activities may include, but are not limited to the following activities:

Virtual group conversations between Participant(s) and Instructor; On-line chats with all Participant(s) and Instructor; Interactive learning sessions in an online platform; and Individual presentations by Participant(s).

I am fully aware of the CYBER risks and potential hazards connected with participating in the ON-LINE program, including but not limited to: data mining, phishing, viruses, malware, data breach of online information cyberbullying, exploitation, victimization, cyber stalking, online grooming, cyber predators, digital footprint, reputation loss, compliance violations, brand hijacking, image replication, and I hereby elect to participate in the UTD ON-LINE Program or Activity.

I hereby release The University of Texas at Dallas, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to me, including my death, that may result from or occur during my participation in the camp or clinic, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless The University of Texas at Dallas and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described on-line program.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR LOSS OR DAMAGE TO MY PROPERTY OR CYBER HAZARD THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ON-LINE PROGRAM OR ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature Participant:	Date:	
ACKNOWLEDGMENT		
I acknowledge that any and all communications either verbal, written or by chat contained within program software, such as Blackboard or other programs are subject to the Texas Public Information Act and that all such information could be produced in response to a request for Public Information. UT Dallas will treat this information as confidential to the fullest extent allowed by state and federal law.		