

**RELEASE INDEMNIFICATION AGREEMENT AND ACKNOWLEDGMENT
FOR ON-LINE CAMPS AND CLINICS FOR MINORS**

PARTICIPANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

ON-LINE CAMP OR CLINIC DESCRIPTION: _____

DATE(s): _____

I am the Parent/Guardian of Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in UTD ON-LINE programs and activities for one year from the date of signature of this document.

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 Participant to hazards or risks that may result in a) Participant's illness, personal injury, or death; b) loss of or damage to Participant's personal property; and c) loss of or damage to Parent/Guardian/Chaperone/Care-Giver's personal property. I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in UTD ON-LINE programs and activities during the designated time period, I hereby accept all risk to Participant's health and potential for his/her injury or death that may result from such participation. Further, I accept all risk to my or Participant's personal property for any loss or damage that could occur as a result of Participant engaging in the on-line program or activity.

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 allow Participant 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 Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the program's activity or trip, 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 Participant's negligent or intentional act or omission while participating in the described program activity or trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR LOSS OR DAMAGE TO PARTICIPANT'S PROPERTY LOSS OR DAMAGE TO MY PROPERTY 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 PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian: _____ Date: _____

Address (if different than Participant): _____

ACKNOWLEDGMENT

_____ I acknowledge that while the State of Texas does not designate an age when children can be left alone and unsupervised, I acknowledge that if Participant is not adequately supervised while engaging in the UTD on-line program or activity, then Participant's Parent/Guardian/Chaperone/Care-Giver's lack of supervision could be considered negligent supervision as described here:

https://www.dfps.state.tx.us/Child_Protection/Child_Safety/child_supervision.asp#howold

_____ I acknowledge that the Participant will not physically be at UTD, but participate in the program or activity remotely. The Parent/Guardian/Chaperone/Care-Giver is responsible for treatment of any and all medical or health-related issues that could occur to the Participant while engaging in the on-line program or activity.

_____ 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.