



Release and Indemnification Agreement

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Description of trip or activity:  
\_\_\_\_\_  
\_\_\_\_\_

Travel To:	Date(s)

I, the above named participant, am eighteen (18) years of age or older and have voluntarily applied to participate in the above activity or trip. I acknowledge that the nature of the activity or trip may expose me to hazardous risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the activity or trip, I hereby accept all risk to my health and my injury or death that may result from such participation and I hereby release the University of Texas at Brownsville and Texas Southmost College, its governing board, officers, employees and representatives 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 activity or trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives 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 participation in the described activity(ies) or trip(s).

**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 DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP 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.**

Date: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_