



TEXAS SOUTHERN UNIVERSITY

TEXAS SOUTHERN UNIVERSITY
Release and Indemnification Agreement for Adult Students

PARTICIPANT: (Name and Address)

Four horizontal lines for participant name and address.

INSTITUTION:

Texas Southern University
Dept: _____

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____

DATE(s): _____

I, the above-named Student, am eighteen 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 hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate in the above-referenced Activity or Trip, am able to use the equipment and/or supplies associated with the Activity or Trip, and have obtained all required immunizations.

In consideration of my participation in the Activity or Trip, on behalf of myself, my family, heirs, and personal representative(s), I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above-named institution, its governing board, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the 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 Institution and its governing board, officers, employees, and 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 participating in the described Activity or Trip.

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.



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I understand and agree that Institution does not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Institution is granted permission to authorize emergency medical treatment, if necessary, and that such action by Institution shall be subject to the terms of this Agreement. I understand and agree that Institution assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Institution, its regents, employees or agents. I further agree to save and hold harmless, indemnify, and defend Institution from any claim by me or my family, arising out of my participation in the Activity or Trip.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

Should I require emergency medical treatment as a result of accident or illness arising during the Activity or Trip, I consent to such treatment. I acknowledge that Institution does not provide health and accident insurance for participants in the Activity or Trip and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Institution representatives in writing, if I have medical conditions about which emergency medical personnel should be informed.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Student

Signature of Witness

Date Signed

Date Signed

[Note: To request disability accommodations for this Activity or Trip, please contact the Office of Disability Services at least 10 days in advance of Activity or Trip by calling (713) 313-4210 (voice); 866-581-9328 (TTY) or 800-628-5115.]

Note: Modification of this Form requires approval by the Office of General Counsel.