

UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

<u>Name of Participant:</u>
Student ID Number: N/A
<u>Name of Parent/Guardian if Participant is <18 years old:</u> N/A
<u>Full San Antonio/Home Address:</u>
<u>Age of Participant:</u>
<u>Emergency contact full name and Phone Number:</u>
Description of Activity: Various
Location of Activity: Recreation Center
Date of Activity: Friday, October 7, 2016

By signing below, I consent to the Participant’s participation in Family Weekend – Recreation Center (“Activity”) and I certify that there is no medical reason why Participant should not participate in the Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant’s health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all 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 or her death, that may arise from or occur during Participant’s participation in the Activity, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant’s negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

_____ Signature of Participant or Parent/Guardian <i>(If Participant is at least 18 years of age OR Signature of Participant’s Parent/Guardian if Participant is under the age of 18)</i>	_____ Printed Name of Signatory	_____ Date
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_____ Signature of Witness	_____ Printed Name of Witness	_____ Date
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