

The University of Texas at Austin
Kinesiology and Health Education Department
Physical Education Division

RELEASE AND INDEMNIFICATION AGREEMENT

MUST BE COMPLETED PRIOR TO PARTICIPATION IN CLASS RELATED ACTIVITIES

(Please Print) Student Name UT EID Course Number & Name Unique #

Semester _____

Faculty/Teaching Assistant _____ UT EID _____

I am the above named participant who is over eighteen years of age and am fully competent to sign this Agreement. In consideration of my participation in the Activity and use of the program's facilities and equipment, I hereby accept all risk to my health and of my injury that may result from my injury or death from such participation. I hereby release the above named institution, 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 all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity, whether caused by my 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.

I have carefully read this agreement and understand it may 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 and it obligates me to indemnify the partners named for any liability for injury or death of any person and damage to property that maybe caused by my negligent or intentional act of omission.

Signature _____ Printed Name _____
Date _____

PERTINENT MEDICAL INFORMATION:

Allergies _____ Current Medication _____

Other Medical Conditions (Affecting full participation in class activities).
