

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT INFORMATION

Name	
EID	
PED Course # /Activity	

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 caused by my negligent or intentional act of omission.

CONSENT FOR TREATMENT

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury. The attending physician, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences, medical and/or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

PERTINENT MEDICAL INFORMATION

Allergies	
Current Medication	
Other Medical Conditions	

SIGNATURE _____

DATE _____