

RELEASE AND INDEMNIFICATION AGREEMENT
The University of Texas at Austin

PARTICIPANT:

Name (last name first - please print or type) & UT EID

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP:

(Name of Sport Club)

MODE OF TRANSPORTATION:

_____ N/A _____

LOCATION(s) of activity or trip:

(Club Practice Location)

DATE(s) of activity or trip:

_____ 20____ TO _____ 20____

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age and I am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip 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 or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives 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/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin 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 Participant's 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 PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S 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 PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/

Signature

Signature of Witness

Printed Name of Parent/
Name of Witness

Guardian

Printed Name of Witness

Address (if different from Participant's address)

Date signed: _____ 20____

Date signed: _____ 20____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - MINOR

I. MEDICAL INFORMATION (please type or print legibly)

a. Name of Minor _____
(last, first, middle)

b. Name of Parent/Guardian _____
(last, first, middle)

Address _____
(street or p.o. box, city, state, zip code)

Telephone Number: Day (____) _____ Night (____) _____

c. Minor's Physician _____

Address _____
(street or p.o. box, city, state, zip code)

Telephone Number: Office (____) _____ Emergency (____) _____

d. Minor's Dentist _____

Address _____
(street or p.o. box, city, state, zip code)

Telephone Number: Office (____) _____ Emergency (____) _____

e. Health Insurance Company Name _____

Policy Number _____ Telephone (____) _____

f. Minor's Allergies _____

g. Minor's Current Medications _____

h. Minor's Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of _____
(Name of minor)

do hereby authorize The University of Texas at Austin and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to _____ upon
(Name of minor)

the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization _____ 20____ to _____ 20____.

(Signature of Parent or Guardian) Date _____.

(For persons less than eighteen years of age)