## RELEASE AND INDEMNIFICATION AGREEMENT & PHOTO RELEASE FORM



RELEASE AND INDEMNIFICATION AGREEMENT:	_
LOCATION OF ACTIVITY:	
DESCRIPTION OF ACTIVITY:	
	UNIVERSITY OF
DATES OF ACTIVITY:	TEXAS
PARTICIPANT CONTACT INFORMATION:	ARLINGTON
NAME:	
ADDRESS:	that I will need the signature from a parent or quardian in order to participate.
PHONE:	<del></del>
EMERGENCY CONTACT NAME AND PHONE NUMBER:	I am 18 or older.
I,, voluntarily applie	ed 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 nature of such hazards and risks.	n my illness, personal injury or death and I understand and appreciate the
participation and I hereby release the above named Institution, its governing be me, my personal representatives, estate, heirs, next of kin, and assigns for any a and for any and all illness or injury to my person, including my death, that may rewhether caused by negligence of the Institution, its governing board, officers, e and hold harmless the Institution and its governing board, officers, employees, and damage to property that may result from my negligent or intentional act or	and all claims and causes of action for loss of or damage to my property result from or occur during my participation in the Activity or Trip, employees, or representatives, or otherwise. I further agree to indemnify and representatives from liability for the injury or death of any person(s) omission while participating in the described Activity or Trip.
In signing this Release, I acknowledge and represent that I have fully informed r	
Agreement by reading it before I sign it, and I understand that I sign this docum or inducements, apart from the foregoing written statement, have been made.	nent as my own free act and deed; no oral representations, statements,
I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILIT PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMI	LE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT TY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO
PRINTED NAME OF PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR	PRINTED NAME OF PARTICIPANT OVER 18
SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR	SIGNATURE OF PARTICIPANT OVER 18
ADDRESS OF PARENT OR GUARDIAN IF DIFFERENT FROM PARTICIPANT	PRINTED NAME OF WITNESS
	SIGNATURE OF WITNESS

## **PHOTO RELEASE:**

By signing this form, I hereby give permission for my photograph and any works I create during my experience at the University of Texas at Arlington to be used in promotional materials for the University. I understand that these promotional materials include, but are not limited to: general printed materials, fundraising publications, and advertisements. I understand that these materials may be used by The University of Texas at Arlington or by individuals, clubs, foundations, etc. to whom they are released by a U.T. Arlington representative.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023, and 559.004 of the Texas

Government Code.The University of Texas at Arlington