

# **MINOR'S RELEASE AND INDEMNIFICATION AGREEMENT**



Student School ID #: \_\_\_\_\_

**INSTITUTION:**

\_\_\_\_\_  
Student First & Last Name

The University of Texas at Arlington  
TRiO Educational Talent Search Program  
Arlington, Texas 76019

\_\_\_\_\_  
Parent/Guardian First & Last Name

## **DESCRIPTION OF ACTIVITY OR TRIP:**

To participate in UT Arlington Educational Talent Search Program's activities, events, trips, and college campus tours upon acceptance into the program and continuing through high school graduation.

**TRAVEL LOCATION:** I give my child permission to travel in University vehicles or program provided transportation to various college campuses, businesses and organizations throughout the United States.

I am the Parent/Guardian of \_\_\_\_\_ who is under eighteen years of age and am fully competent to sign this Agreement.

### **1. Permission and Indemnification**

I give permission for my child to participate in UT Arlington Educational Talent Search Program. I acknowledge that the nature of the UT Arlington ETS Program may expose my child to hazards or risks that may result in my child's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my child being permitted to participate in UT Arlington ETS Program, I hereby accept all risk to my child's health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at Arlington, its governing board, officers, employees and representatives from any and all liability to my child, my child'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 my child's property and for any and all illness or injury to my child's person, including death, that may result from or occur during his/her participation in the UT Arlington ETS Program, whether caused by negligence of UT Arlington, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University 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 child's negligent or intentional act or omission while participating in the UT Arlington Educational Talent Search Program.

### **2. Media Recording Permission and Release**

I hereby grant the ETS Program of The University of Texas at Arlington the irrevocable right and unrestricted permission to photograph, record and use my child's likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the ETS Program. I agree that The University of Texas at Arlington has complete ownership of such material and can use said material for any purpose consistent the ETS Program's and/or The University of Texas at Arlington's mission. These include, but are not limited to, videos, publications, advertisements, news releases, websites, and any promotional or educational materials in any medium.

I acknowledge that neither I nor my child will receive any compensation for the use of such images, videos, likeness, etc. I hereby release and discharge the ETS Program and The University of Texas at Arlington from any and all claims and demands arising out of or in connection with the use of my child's name, likeness, image, voice, and/or appearance.

**3. Internet Use Release**

I hereby grant permission for my child to access networked computer services such as the Internet, World Wide Web, and electronic mail at the computer labs of The University of Texas at Arlington.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO HIS/HER PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE EDUCATIONAL TALENT SEARCH PROGRAM 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 MY CHILD'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Signature of Witness  
(witness signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date