## RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

<b>PARTICIPANT:</b> (Name and Address)	INSTITUTION:
	The University of Texas at Arlington
<b>DESCRIPTION OF ACTIVITY OR TRIP:</b> Participation in the NIRSA Regional Basketball Tournamen	
LOCATION: UTA Maverick Activities Cente	er (MAC) and Physical Education Building
DATE(s): Friday, March 4, 2022 – Sunday, M	arch 6, 2022
above Activity or Trip. I acknowledge that the	age or older and have voluntarily applied to participate in the nature of the Activity or Trip may expose me to hazards or risks r death and I understand and appreciate the nature of such hazard
In consideration of my participation in the Activor death that may result from such participation	vity or Trip, I hereby accept all risk to my health and of my injur
of Regents), officers, employees and representatives, and causes of action for loss of or damage to person, including my death, that may result to	, its governing board (The University of Texas System Board natives, in their individual and official capacities, from any estate, heirs, next of kin, and assigns for any and all claims my property and for any and all illness or injury to my from or occur during my participation in the Activity or Trip OF THE INSTITUTION, ITS GOVERNING BOARD, NTATIVES, OR OTHERWISE.
University of Texas System Board of Regents), official capacities, from liability for the injury of	the above-named Institution and its governing board (The officers, employees, and representatives, in their individual and or death of any person(s) and damage to property that may result n while participating in the described Activity or Trip.
ALL CLAIMS AND CAUSES OF ACTION PROPERTY THAT OCCURS WHILE PAR AND IT OBLIGATES ME TO INDEMNIFY	EMENT AND UNDERSTAND IT TO BE A RELEASE OF FOR MY INJURY OR DEATH OR DAMAGE TO MY STICIPATING IN THE DESCRIBED ACTIVITY OR TRIP Y THE PARTIES NAMED FOR ANY LIABILITY FOR ND DAMAGE TO PROPERTY CAUSED BY MY R OMISSION.
Signature of Participant	Date:
Witness	Date: