

**TRYOUT - MINOR**  
**Release and Indemnification Form**

**PARTICIPANT: (Name and Address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:** The University of Texas at Austin  
**LOCATION:** Lee and Joe Jamail Texas Swimming Center  
**ACTIVITY:** Longhorn Aquatics – Swimming Tryout

**DATE:** \_\_\_\_\_

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. I acknowledge that the nature of the activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate that nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, 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 above named Institution, 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, whether caused by 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 Participants' negligent or intentional act or omission while participating in the described Activity.

**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 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/Guardian Date

\_\_\_\_\_  
Witness: TSC Entrance Monitor Date

\_\_\_\_\_  
Signature of Participant Date

Coach Use Only:

\*Please check the group that this participant will be placed in. A registration form will not be accepted without this form and a coach's signature.

<b>Longhorn Aquatics Swimming</b>	
<input type="checkbox"/>	Senior I
<input type="checkbox"/>	Senior II
<input type="checkbox"/>	Senior III
<input type="checkbox"/>	Longhorns
<input type="checkbox"/>	Junior Longhorns
<input type="checkbox"/>	
<input type="checkbox"/>	

<b>Longhorn Aquatics Diving</b>	
<input type="checkbox"/>	Diving Team
<input type="checkbox"/>	Diving Intermediate
<input type="checkbox"/>	Diving Developmental
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

\_\_\_\_\_  
Signature of Coach Date