The University of Texas at Austin
Longhorn Aquatics

TRYOUT - ADULT
Release and Indemnification Form

PARTICIPANT: (Name and Address)

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

DATE: _____

I, the above-named Participant am eighteen years of age or older and have volunteered to participate in the above-referenced activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate that nature of such hazards and risks.

In consideration of my participation in the Activity, I hereby accept all risk to my health and of my 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 me, my 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 my person, including my death, that may result from or occur during my 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 my 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 MY INJURY OR DEATH OR DAMAGE TO MY 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 MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

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Signature of Participant Date Witness: TSC Entrance Monitor Date

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Coach Use Only:

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

	Longhorn Aquatics Masters Swimming
	Masters Unlimited
	Masters Limited

	Longhorn Aquatics Masters Diving
	Diving Masters

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Signature of Coach Date