

# RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

**PARTICIPANT:** (Name and Address)

**INSTITUTION:**

The University of Texas at Austin

**DESCRIPTION OF ACTIVITY OR TRIP:** THE 27<sup>th</sup> ANNUAL HONORS COLLOQUIUM

**LOCATION:** THE UNIVERSITY OF TEXAS AT AUSTIN **DATE(s):** JULY 24 – 26, 2008

**MODE OF TRANSPORTATION:** WALKING/BUS

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

I have reviewed the materials describing the Honors Colloquium and the expected Code of Conduct and understand that if the above-named Participant fails to abide by the Code of Conduct, he/she will be subject to dismissal from the program and an early return home.

In consideration of Participant being permitted to participate in the Activity or Trip, 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 or Trip, 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 Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

**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 OR TRIP 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

\_\_\_\_\_  
Signature of Witness

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

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Address (if different from Participant's address)

Date signed: \_\_\_\_\_ 2008

Participant's Cellular Telephone Number: \_\_\_\_\_

**RETURN BY FRIDAY, JULY 9, 2008**

**HONORS COLLOQUIUM • PO BOX 7668 • AUSTIN, TX 78713-7668 • FAX: (512) 471-6464**