THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT - Adult Non-Student

PARTICIPANT: Name (last name first - please print or type)		
Name (last name first - please print of type)		
Address		
City, State, Zip Code		
DESCRIPTION OF ACTIVITY OR TRIP:		
DESCRIPTION OF ACTIVITY OR TRIP.		
MODE OF TRANSPORTATION:		
LOCATION(s) of activity or trip:		
DATE(s) of activity or trip: FROM	20 TO	20
I, the above named participant, am eighte participate in the above Activity or Trip. I ac me to hazards or risks that may result in appreciate the nature of such hazards and risk. In consideration of my participation in the Acinjury or death that may result from such p Austin, its governing board, officers, employ personal representatives, estate, heirs, next of the loss of or damage to my property and f death, that may result from or occur during	knowledge that the nature of the Activity my illness, personal injury or death as. ctivity or Trip, I hereby accept all risk participation and I hereby release the yees and representatives from any and f kin, and assigns for any and all claim for any and all illness or injury to my my participation in the Activity or T	to my health and of my University of Texas at all liability to me, my ms and causes of action y person, including my rip, whether caused by
negligence of the University of Texas representatives, or otherwise. I further agree Austin and its governing board, officers, en death of any person(s) and damage to propomission while participating in the described	e to indemnify and hold harmless the apployees, and representatives from lia- erty that may result from my neglige	University of Texas at ability for the injury or
I HAVE CAREFULLY READ THIS AGREEMEN AND CAUSES OF ACTION FOR MY INJURY WHILE PARTICIPATING IN THE DESCRIBED THE PARTIES NAMED FOR ANY LIABILITY PROPERTY CAUSED BY MY NEGLIGENT OR	OR DEATH OR DAMAGE TO MY PRO ACTIVITY OR TRIP AND IT OBLIGAT FOR INJURY OR DEATH OF ANY PER	PPERTY THAT OCCURS TES ME TO INDEMNIFY
	Date signed:	20
Signature of Participant		
Signature of Witness	Date signed:	20
orginature of withess		
Printed Name of Witness		