

**RELEASE AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANTS**

**MINOR PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
Name (last name first - please print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**INSTITUTION:**

The University of Texas at Dallas (UTD)

Student Life / New Student Programs

(School/Administrative Division)

2009 Comet Camp

(Program/Administrative Unit)

Check here if you are not a registered UTD student.

**IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL:** to provide transportation to and from Comet Camp and participation of all Comet Camp activities.

**MODE OF TRANSPORTATION:** charter buses

**PRINCIPAL LOCATION(S):** Camp Hoblitzelle, Midlothian, TX      **DATE(S):** August 16-18, 2009

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and has voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel could possibly expose Participant to hazards or risks that could result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I grant UTD and its employees full authority to take whatever actions they may consider to be warranted under any circumstances regarding the protection of participant's health and safety. I understand and agree that if participant does not comply with all the rules, code of conduct, and instructions relating to this Activity and/or Travel, UTD has the right to terminate his/her participation in this activity without refund.

In consideration of Participant being permitted to participate in the Activity and/or Travel, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release UTD, 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 and/or Travel, whether caused by any type of negligence of UTD, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless UTD 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 and/or Travel.

**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 ABOVE DESCRIBED ACTIVITY AND/OR TRAVEL AND THAT 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. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT OR ACTIVITY.**

\_\_\_\_\_  
Signature of Parent/Guardian\*

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

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

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

\_\_\_\_\_  
Date Signed:

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

\_\_\_\_\_  
Date Signed: