

Print, Sign and Return This Form

**THE UNIVERSITY OF TEXAS AT AUSTIN • SPORTS CAMPS
ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT**

PARTICIPANT: (Name)

CAMP:

LOCATION:

DATE(S):

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Camp.

I realize that my participation in camp activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Other safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any camp activity, and this risk is increased even more so with contact sports.

I acknowledge that voluntary participation in this camp may expose me to hazards or risks that may result in my personal injury/illness or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and safety practices employed to minimize my risk of sustaining an injury/illness while participating in camp activities. I agree to use all required protective equipment and follow all rules and instructions from University officials regarding my safety. Also, I have no known physical infirmities which could be worsened or aggravated by participation and I declare myself physically fit and in good medical condition to engage in all camp activities.

In consideration of my participation in the camp and of my use of the program's facilities and equipment, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release the University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my participation. I intend this release to be binding upon my heirs, executors, administrators and assigns. 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 I understand that it is a legally binding document that affects my legal rights and remedies.

Signature of Participant

Date

Witness (over 21 years of age)

Date