

Check Session(s) you are in:

Adult Summer Camp June 27-28 ____.

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Summer Sports Camps
Departments of Intercollegiate Athletics for Men and Women
Longhorns Tennis Camp 2009

RELEASE AND INDEMNIFICATION AGREEMENT - #04b Adult

PARTICIPANT: (Print)

INSTITUTION: The University of Texas at Austin

Name: _____

Address: _____

DESCRIPTION OF ACTIVITY: Longhorns Tennis Adult Camp

LOCATION: The University of Texas at Austin

DATE(S): June 27-28

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity. I acknowledge that the Activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity 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 above named Institution, its governing board, officers, employees, and representatives from any 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 my 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.

Signature of Participant

Date

Witness

Date

Adult