RELEASE & INDEMNIFICATION FOR DOMESTIC TRAVEL FORM

UNIVERSITY OF TEXAS RIO GRANDE VALLEY
DEAN OF STUDENTS
Brownsville: CAVL 204
Phone: 956-882-5141
Email: dos@utrgv.edu
Edinburg: UCTR 323
Phone: 956-665-2262

* PARTICIPANT INFORMATION

Please select the one which applies:

☐ Adult Student ☐ Adult Non-Student ☐ Minor Participant

Name: _____

Student ID: _____

Student Address:

_____ _____
Street Address Apt/Unit #

_____ _____
City State

_____ _____
Zip Code Country

Phone #: _____

Email: _____

PARENT/GUARDIAN INFORMATION

ONLY IF MINOR PARTICIPANT-Under 18 years of age

Name: _____

Address: (If different from Minor Participant's)

_____ _____
Street Address Apt/Unit #

_____ _____
City State

_____ _____
Zip Code Country

Phone #: _____

Relationship: _____

Please complete and return to your assigned Travel Coordinator.

*** Destination:** _____ *** Travel Date(s):** _____
City State

Description of Activity or Trip: _____

* 1.____I am the above named participant who is eighteen years of age or older, (or the Parent/Guardian of the above named participant who is under eighteen years of age), and I am fully competent to sign this Agreement. I have voluntarily applied to participate in (or give my participant permission to engage in) the above Activity or Trip.

* 2.____In consideration of my (or the permission I give my participant in) taking part in the Activity or Trip, I hereby accept all risk to my (or my participant's) health and of my (or 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 me (or participant), my (or 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 my (or participant's) property and for any and all illness or injury to my (or participant's) person, including my (or his/her) death, that may result from or occur during my (or 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 injury or death of any person(s) and damage to property that may result from my (or participant's) negligent or intentional act or omission while participating in the described Activity or Trip.

* 3.____**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 Participant (Adult Student · Adult Non-Student · Minor Participant)** **Date**

_____ _____
Signature of Parent/ Guardian (Only if participant is a minor) **Date**

Revised 12/ 2019

*** Information must be completed or the entire packet will be returned. If traveler is a minor Parent/Guardian information must be completed.**