

## RELEASE & INDEMNIFICATION FOR INTERNATIONAL TRAVEL FORM

UNIVERSITY OF TEXAS RIO GRANDE VALLEY DEAN OF STUDENTS Email: dos@utrgv.edu

Brownsville: CAVL 204
Phone: 956-882-5141
Phone: 956-665-2262

* <u>PARTICIPANT INFO</u>	<u>ORMATION</u>	PARENT/GUARDIAN INFORMATION	
Please select the one which applies:		ONLY IF MINOR PARTICIPA	ANT-Under 18 years of age
Adult Student Adult Non-Stude	ent Minor Participant		
Name:		Name:	
Student ID:		Address: (If different from Minor Participant's)	
Student ID: Student Address:		Address. (If different from Will	or rarticipant sy
Student riddress.			
C4mas4 A J.J.mass	Apt/Unit #	Street Address	
Street Address	Apt/Unit#	Street Address	Apt/Unit #
City	Chaha	City	State
City	State	City	State
Zip Code	Country	Zip Code	Country
•		Phone #:	
Email: Relationship:			
Please	complete and return to vo	our assigned Travel Coordinator.	
* Location: Country St:	o.t.	* Travel Date(s):	
	ate City		
* Description of Activity or Trip:  * 1 I am the above named participant wh			
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 participant 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 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 internal act or omission while participating in the described Activity or Trip. I UNDERSTAND THAT I WILL BE CHARGED A NON-REFUNDABLE \$15 PER WEEK WHILE I AM ABROAD TO FACILITATE THE COST OF MEDICAL INSURANCE THROUGH UTRGV. I UNDERSTAND I AM ABLE TO PURCHASE ADDITIONAL INSURANCE AT MY OWN EXPENSE.  * 3 I understand that the Institution in no way represents, or acts as agent for any entity including any foreign University, the transportation carriers, or other suppliers of service connected with this activity. Additionally, I understand that should I have legal problems with foreign nationals or the government of the host country that I am solely responsible for resolving the matter and the Institution is not responsible for providing any assistance.  * 4 I acknowledge that I must comply with			
DESCRIBED ACTIVITY OR TRIP AND IT INJURY OR DEATH OF ANY PERSON AT OMISSION.  This Agreement shall be construed in accordant this Agreement or Activity.	ND DAMAGE TO PROPER ace with the laws of the State o	TY CAUSED BY MY NEGLIGENT OR  f Texas, which shall be the forum for any l	R INTENTIONAL ACT OR awsuits filed under or incident to
* Signature of Participant (Adult	Student · Adult Non-Student · I	Minor Participant)	Date
Signature of Parent/ Guardian (Only if participant is a minor)			 Date