



RELEASE & INDEMNIFICATION FOR DOMESTIC TRAVEL FORM

UNIVERSITY OF TEXAS RIO GRANDE VALLEY
 DEAN OF STUDENTS Email: dos@utrgv.edu
 Brownsville: CAVL 204 Edinburg: UCTR 323
 Phone: 956-882-5141 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 acknowledge that I must comply with the Handbook of Operating Procedures STU 01-300 Student Travel policy, Student Code of Conduct, and institutional Travel protocols and understand that failure to do so can result in disciplinary action.

* 4. ___ 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