RELEASE & INDEMNIFICATION FOR INTERNATIONAL 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.

*** Location:** _____ *** Travel Date(s):** _____
Country **State** **City**

*** 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 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 THAT 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 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.

* 5. ☐ **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 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 MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

This Agreement shall be construed in accordance with the laws of the State of Texas, which shall be the forum for any lawsuits filed under or incident to this Agreement or Activity.

_____ _____
*** Signature of Participant (Adult Student · Adult Non-Student · Minor Participant)** **Date**

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

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