

RELEASE AND INDEMNIFICATION AGREEMENT
The University of Texas at Austin

PARTICIPANT:

Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP:

(Name of Sport Club)

MODE OF TRANSPORTATION: _____ N/A

LOCATION(s) of activity or trip: _____

(Club Practice Location)

DATE(s) of activity or trip: FROM _____ 20 ____ TO 8/31, 2010

(Date you are completing this form)

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip 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 or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all 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 or Trip, whether caused by negligence of the University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin 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 or Trip.

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.

Signature of Participant

Date signed: _____ 20 ____

Signature of Witness

Date signed: _____ 20 ____

Printed Name of Witness

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – ADULT

I. MEDICAL INFORMATION (please type or print legibly)

- a. Name _____
(last, first, middle)
Address _____
(street or p.o. box, city, state, zip code)
Telephone Number: Day (____) _____ Night (____) _____

- b. Name of Nearest Relative _____
(last, first, middle)
Address _____
(street or p.o. box, city, state, zip code)
Telephone Number: Day (____) _____ Night (____) _____

- c. Physician Name _____
Address _____
(street or p.o. box, city, state, zip code)
Telephone Number: Office (____) _____ Emergency (____) _____

- d. Dentist name _____
Address _____
(street or p.o. box, city, state, zip code)
Telephone Number: Office (____) _____ Emergency (____) _____

- e. Health Insurance Company Name _____
Policy Number _____ Telephone (____) _____

- f. Allergies _____

- g. Current Medications _____

- h. Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at Austin and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____
to August 31, 2010.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

_____ Date _____, 20_____
(Signature of Participant)