

University of Houston - _____

Release and Indemnification Agreement for Minors

PARTICIPANT: (Name and Address)

INSTITUTION:

University of Houston- _____
Dept: _____

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____

DATE(s): _____

I am 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 give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that the Participant is physically able, with or without accommodation, to participate in the above-referenced Activity or Trip, is able to use the equipment and/or supplies associated with the Activity or Trip, and has obtained all required immunizations.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of 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 Participant, 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 Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during 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 the injury or death of any person(s) and damage to property that may result from Participant's 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 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.

Should Participant require emergency medical treatment as a result of accident or illness arising during the Activity or Trip, I consent to such treatment. I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatments. I acknowledge that the University of Houston-_____ does not provide health and accident insurance for participants in the Activity or Trip and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify University representatives in writing if Participant has medical conditions about which emergency medical personnel should be informed.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Parent/Guardian

Signature of Witness

Date Signed

Date Signed

Address (if different than Participant’s)

Phone Number

[Note: To request disability accommodations for this Activity or Trip, please contact:

_____.

Note: Modification of this Form requires approval of OGC

Standard Form Approved
by the University of Houston System
Office of the General Counsel
Office of Contract Compliance