

**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:** \_\_\_\_\_ 2016 Longhorn Shootout Lacrosse Tournament \_\_\_\_\_

\_\_\_\_\_

**MODE OF TRANSPORTATION:** \_\_\_\_\_ N/A \_\_\_\_\_

**LOCATION(s) of activity or trip:** \_\_\_\_\_ Travis County NE Metro Park \_\_\_\_\_

**DATE(s) of activity or trip:** \_\_\_\_\_ 20 16 \_\_\_\_\_ TO \_\_\_\_\_ 20 16 \_\_\_\_\_

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. 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 University of Texas at Austin, 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 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 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.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Address (if different from Participant's address)

Date signed: \_\_\_\_\_ 20 \_\_\_\_\_

Date signed: \_\_\_\_\_ 20 \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - MINOR**

**I. MEDICAL INFORMATION** (please type or print legibly)

- a. Name of Minor \_\_\_\_\_  
(last, first, middle)
  
- b. Name of Parent/Guardian \_\_\_\_\_  
(last, first, middle)  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_
  
- c. Minor's Physician \_\_\_\_\_  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Office (\_\_\_\_) \_\_\_\_\_ Emergency (\_\_\_\_) \_\_\_\_\_
  
- d. Minor's Dentist \_\_\_\_\_  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Office (\_\_\_\_) \_\_\_\_\_ Emergency (\_\_\_\_) \_\_\_\_\_
  
- e. Health Insurance Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
  
- f. Minor's Allergies \_\_\_\_\_
  
- g. Minor's Current Medications \_\_\_\_\_
  
- h. Minor's Special Health Needs \_\_\_\_\_

**II. EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned parent or legal guardian of \_\_\_\_\_  
(Name of minor)

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 to \_\_\_\_\_ upon  
(Name of minor)

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 \_\_\_\_\_, 20\_\_\_\_\_  
to \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian) Date \_\_\_\_\_, 20\_\_\_\_\_.

(For persons less than eighteen years of age)