RELEASE AND INDEMNIFICATION AGREEMENT
The University of Texas Southwestern Medical Center
Bryan Williams, M.D. Student Center

PARTICIPANT: __________________________________________
(name last name first – please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: __________________________________________

MODE OF TRANSPORTATION: __________________________________________________

LOCATION (S) of Activity or Trip:

DATE (S) of Activity or Trip: FROM __________________________ To __________________________

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
Southwestern Medical Center, it’s 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 from 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 Southwestern Medical Center, its governing
board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold
harmless The University of Texas Southwestern Medical Center and its governing board, officers,
employees, and representatives from liability from injury of 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 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 IDENTIFY 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.

_________________________________________ Date signed: __________________________ 20__
Signature of Participant

_________________________________________ Date Signed: __________________________ 20__
Signature of Witness

Printed Name of Witness