

**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 IDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGANT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Participant

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

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

Date Signed: \_\_\_\_\_ 20 \_\_\_\_\_

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