

UNIVERSITY OF HOUSTON

**RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS**

PARTICIPANT: (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION:

University of Houston Department of

Campus Recreation

4500 University Drive

Houston, Texas 77204-6056

DESCRIPTION OF ACTIVITY OR TRIP: Participation /Access to the Campus Recreation and Wellness Center and all of it's activities /space including aquatics &safety, play on courts, wall climbing and use of weight equipment.

LOCATION: UH Campus Recreation and Wellness Center DATE(s): Sept. 1, 2009-Aug.31, 2010

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and 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 will notify University representatives in writing if Participant has medical conditions about which emergency medical personnel should be informed.

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

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

\_\_\_\_\_  
Address (if different than Participant's)

\_\_\_\_\_  
Date Signed

Date Signed

Phone Number

**Note:** To request disability accommodations for this Activity or Trip, please contact [the Center for Students with Disabilities at least 10 days in advance of the Activity or Trip by calling (713) 743-5400 (voice); (713) 749-1527 (TTY); (713) 743-5396 (FAX).]

OGC Form No. S-2003-8:  
Approved for use as a Standard Agreement  
by the University of Houston System Office of the  
General Counsel May 29, 2003

**Note: Modification of this Form  
requires approval of OGC**