

Sam Houston State University

**RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student**

**STUDENT:** \_\_\_\_\_ **SAM ID:** \_\_\_\_\_  
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 \_\_\_\_\_ 20 \_\_\_\_ TO \_\_\_\_\_ 20 \_\_\_\_