## Sam Houston State University

## RELEASE AND INDEMNIFICATION AGREEMENT - Minor

PARTICIPANT: Name (last name first - please print of	or type)	<u> </u>
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
I am the Parent/Guardian of the above-nar fully competent to sign this Agreement.	med Participant, who is under eighte	een years of age and I am
I give permission for Participant to participant that the nature of the Activity or Trip m Participant's illness, personal injury or dea and risks.	ay expose Participant to hazards of	r risks that may result in
In consideration of Participant being permit	ted to participate in the A0.0abl>vtha	any and all illness or injury to Par
during Participant's participation in the Ac State University, its governing board, office to indemnify and hold harmless Sam H employees, and representatives from liabil property that may result from Participant's	ers, employees, or representatives, or louston State University and its g lity for the injury or death of any	otherwise. I further agree coverning board, officers, person(s) and damage to
the described Activity or Trip.		
I HAVE CAREFULLY READ THIS AGREEME AND CAUSES OF ACTION FOR PARTICIPA PROPERTY THAT OCCURS WHILE PARTI OBLIGATES ME TO INDEMNIFY THE PARTI ANY PERSON AND DAMAGE TO PROPERTY ACT OR OMISSION.	ANT'S INJURY OR DEATH OR DAM ICIPATING IN THE DESCRIBED AC TIES NAMED FOR ANY LIABILITY FO	MAGE TO PARTICIPANT'S TIVITY OR TRIP AND IT OR INJURY OR DEATH OF
Signature of Parent/Guardian	Signature of Witness	
Printed Name of Parent/Guardian	Printed Name of Witness	
	Date signed:	20