

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

PARTICIPANT: (Minor’s Name and Address)

INSTITUTION:

Midwestern State University
3410 Taft Boulevard
Wichita Falls, Texas 76308-2099

ACTIVITY (ACTIVITY/CAMP NAME & DESCRIPTION OF ACTIVITY):

Student Life Camp

LOCATION: Midwestern State University

DATE(S): 7/22-7/26

Parent/Guardian Please Initial the Following:

_____ I am the Parent/Guardian of the above-named Participant who is under eighteen (18) years of age and am fully competent to sign this Agreement.

_____ I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity 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.

_____ In consideration of Participant being permitted to participate in the Activity, 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, 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.

_____ In the event of an emergency, I have provided the Activity Coordinator with a completed copy of the “Emergency Contact” Information Page.

_____ I consent and give permission to allow photographs and/or videos to be taken of Participant during the Activity. I further give consent and permission that any such photographs and videos may be published and used by the Activity and Institution and its agents to illustrate and promote the Activity and its experience and programs.

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 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.

Signature of Parent/Guardian

Date

Address (if different from Participant’s)

Witness

Date