Instructions

Please review the following guidelines for watercraft and other equipment check out at the Lake House. Note, the equipment check-out is for daily use only. Multi-day use is available to ASU Students and Faculty/Staff with the UREC Pass through the Equipment Rental program for a small fee.

Guidelines

Current students, UREC Pass holders, and Activity Card holders are eligible to check-out and use the watercraft if they are college age and above. Facility use card holders, Activity card holders who are under college age and guests of students, faculty, and staff are unable to use the watercraft. Please visit our website for up-to-date information on access.

- Please review all Lake House general-use policies prior to participating.
- Eligible patrons must present a valid ID to use watercraft.
  - The faculty/staff host must be present with the activity card holder the entire time the watercraft is used.
  - The renter/host will be responsible for any damages.
- The equipment may only be checked-out for a single day and must be returned prior to closing time.
  - Equipment check-in time may be subject to change at the discretion of OA staff on-duty.
- OA recommends participants stay close to the shoreline and paddle against current when possible.
- Coast Guard approved lifejackets are required to be worn at all times while utilizing ASU watercraft.
- Ultimate eligibility is determined by the Outdoor Adventures Staff on-duty.
  - If the patron is deemed as using the equipment in an unsafe manner, their eligibility will be revoked until they meet with the Assistant Director for Outdoor Adventures.
- Please do not drag the watercraft.

Print Name: _____________________________ CID #: _____________________________

Sign Name: _____________________________ Date: _____________________________
Release Form
Angelo State University

I, ________________________________, understand and agree that university-related activities of Angelo State University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Angelo State University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Angelo State University, I hereby expressly and knowingly RELEASE ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF ANGELO STATE UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Angelo State University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney’s fees, arising out of my participation in the activities of Angelo State University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

Angelo State University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I, or my representative, shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: ___________________________ DATE: ___________________________
(PARTICIPANT)

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Angelo State University from any claim which may be brought by or on behalf of the participant, or any member of the participant’s family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Angelo State University.

SIGNATURE: ___________________________ DATE: ___________________________
(PARENT OR GUARDIAN)