

Angelo State University
Department of University Recreation

RELEASE AND INDEMNIFICATION AGREEMENT

Participants in the ANGELO STATE UNIVERSITY RECREATION DEPARTMENT should be **aware of the possible risks** that are inherent in the nature of some of the activities. These risks include, but are not limited to, the **potential for accidents, illness, injuries, or death while traveling to and from events as well as participating in the various activities**. Every attempt is made to minimize the existing risks through the use of proper sports equipment, facilities that are under the DEPARTMENT OF UNIVERSITY RECREATION'S control, and sound practices. However, participants should realize these **risks cannot be eliminated completely**. If participants meet **minimum physical and mental conditioning and follow proper procedures**, the potential for accidents may be reduced. The DEPARTMENT OF UNIVERSITY RECREATION strongly recommends that each PARTICIPANT have an **annual physical examination and personal medical and accident insurance prior to participation**.

I understand that neither ANGELO STATE UNIVERSITY nor the DEPARTMENT OF UNIVERSITY RECREATION is responsible for any accidents or injuries incurred due to participation in any departmental activity. Participation in any department-sponsored activity or event or use of any university provided equipment or facility is completely **voluntary** and such **participation may result in personal illness, injury, death, or loss or damage of personal property**.

By signing below, I am eighteen years of age or older and have voluntarily applied to participate in the DEPARTMENT OF UNIVERSITY RECREATION'S _____ program. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, death, or loss or damage to personal property, and I understand and appreciate the nature of such hazards and risks. I agree to the terms and conditions as stated above and agree not to hold ANGELO STATE UNIVERSITY or the DEPARTMENT OF UNIVERSITY RECREATION and/or agent(s) liable for any personal illness, injury, death, or loss or damage to personal property while participating in the department-sponsored event or use of university provided equipment or facilities.

Name _____ Student Campus ID Number _____
(Please Print)

Signature _____ Date _____

Parent or Guardian (if participant is under 18) _____
(Please Print)

Signature _____ Date _____