

ANGELO STATE UNIVERSITY

Minor Participant Release Agreement (To be completed by Parent or Legal Guardian)

I am the parent or legal guardian of the Minor named below (hereinafter “Minor”) and am fully aware of dangers and risks involved in participating in the Angelo State University “Rambunctious Week” and related activities August 21-25, 2019 (herein referred to as the “Activity”), which includes but is not limited to personal injury, illness, and loss or destruction of my property and I choose to voluntarily authorize participation in the Activity with full knowledge and understanding that Minor may be exposed to such dangers and risks. I therefore agree to **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL SUCH DANGERS AND RISKS TO WHICH Minor MAY BE EXPOSED AS A RESULT OF PARTICIPATING IN THE ACTIVITY.**

I understand and agree that Angelo State University cannot be expected to control all of said risks. In consideration for Minor’s being allowed to participate in the Activity, I hereby expressly and knowingly **RELEASE THE TEXAS TECH UNIVERSITY SYSTEM, ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, AND DEMANDS Minor OR I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH SUSTAINED BY Minor ARISING OUT OF ANY ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF ANGELO STATE UNIVERSITY, WHETHER CAUSED BY Minor’s OWN NEGLIGENCE OR THE NEGLIGENCE OF THE TEXAS TECH UNIVERSITY SYSTEM, ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I certify that Minor is physically and mentally able to participate in the Activity. I understand that if I am at all uncertain about his or her ability to participate, it is my obligation to consult his or her personal physician. I hereby give my consent for any medical treatment that may be required during Minor’s 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 THE TEXAS TECH UNIVERSITY SYSTEM, 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 FEES, ARISING OUT OF Minor’s PARTICIPATION IN THE ACTIVITY, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY Minor’s NEGLIGENCE, OR BY THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

IN SIGNING THIS AGREEMENT I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Minor’s Name

Parent or Legal Guardian Signature

Date
