

ANGELO STATE UNIVERSITY

Participant Release Agreement

I am at least 18 years of age 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 participate in the Activity with full knowledge and understanding that I may be exposed to such dangers and risks. I therefore agree to **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL SUCH DANGERS AND RISKS TO WHICH I 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 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 I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH SUSTAINED BY ME ARISING OUT OF ANY ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF ANGELO STATE UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF THE TEXAS TECH UNIVERSITY SYSTEM, ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I certify that I am physically and mentally able to participate in the Activity. I understand that if I am at all uncertain about my ability to participate, it is my obligation to consult my personal physician. 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 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 MY PARTICIPATION IN THE ACTIVITY, 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.**

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.

PRINTED NAME

SIGNATURE

DATE
