RELEASE AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANTS

ity, State, Zip Code Check here if you are not a registered UTD student. DENTIFYING DESCRIPTION OF ACTIVITY AND/OR TO THE PROPERTY OF TRANSPORTATION: RINCIPAL LOCATION(S): In the Parent/Guardian of the above-named Participant who is under recipate in the above Activity and/or Travel. I am fully competent to recipate in the above-referenced and Activity and/or Travel could possibly expose Participant to hazards are whatever actions they may consider to be warranted under any alth and safety. I understand and agree that if participant does not could attend to this Activity and/or Travel, UTD has the right to terminate here consideration of Participant being permitted to participate in the Actalth and of his/her injury or death that may result from such participativities, and I hereby release UTD, its governing board, officers, empricipant, Participant's personal representatives, estate, heirs, next of a loss of or damage to Participant's property and for any and all illness it may result from or occur during Participant's participation in the Actalth armoles under the participant of the participa	pate (S): eighteen years of age and has voluntarily applied to o sign this Agreement. Activity and/or Travel. I acknowledge that the nature of or risks that could result in Participant's illness, personal rds and risks. I grant UTD and its employees full authority circumstances regarding the protection of participant's emply with all the rules, code of conduct, and instructions his/her participation in this activity without refund. Eivity and/or Travel, I hereby accept all risk to Participant's action, including transportation and all other adjunct ployees and representatives from any and all liability to
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gnature of Parent/Guardian*	Signature of Witness
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II. (C.I.C. (C. D. C. D. C. L. d. A.I.)	Date Signed:
ddress (if different from Participant's Address)	