

# Release and Indemnification Agreement for Activities at The University of Texas Medical Branch at Galveston

The University urges all members of the Alumni Field House, or any others using the facilities, to act in such a manner as to protect their own safety and the safety of others. Each user is required to follow all Alumni Field House policies, rules, and regulations. The University further requires that each Alumni Field House member or other activity participant sign the following agreement prior to taking part in any activity at the Field House, or on Field House managed property.

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_  
\_\_\_\_\_

## Description of Activity: SGA Intramural Sport League

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Softball (July-Sept 2007)    | <input type="checkbox"/> Men's A Basketball (Jan-March 2008) | <input type="checkbox"/> Spring Frisbee (Feb-April 2008)     |
| <input type="checkbox"/> Soccer (Sept-Nov 2007)       | <input type="checkbox"/> Men's B Basketball (Jan-March 2008) | <input type="checkbox"/> Open Volleyball (March-April 2008)  |
| <input type="checkbox"/> Football (Sept-Nov 2007)     | <input type="checkbox"/> Co-Ed Basketball (Jan-March 2008)   | <input type="checkbox"/> Co-Ed Volleyball (March-April 2008) |
| <input type="checkbox"/> Fall Frisbee (Sept-Nov 2007) | <input type="checkbox"/> Indoor Soccer (Jan-March 2008)      | <input type="checkbox"/> Softball (July-Sept 2008)           |
| <input type="checkbox"/> Dodgeball (Sept-Nov 2007)    |  |  |

I, the above name Participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity. I acknowledge and agree that the nature of the Activity may expose me to hazards or risks that may result in my illness, personal injury or death. I understand and assume the nature of such hazards and risks of the Activity.

In consideration of my participation in the Activity, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release The University of Texas Medical Branch at Galveston, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity, whether caused by negligence of The University of Texas Medical Branch at Galveston, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas Medical Branch at Galveston and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity.

***"I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the described activity. I understand and agree that it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission."***

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date