

Name _____
Student ID # _____
Sport _____

The University of Texas at Tyler
Catastrophic Injury Assumption of Risk, Release of Claims and Indemnity Agreement &
Certification of Health Insurance Coverage

Student-Athlete: _____ Sport(s): _____

I, the above named student-athlete, am eighteen years of age or older. I acknowledge that participation in the above activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the described sport under the auspices of the Department of Intercollegiate Athletics at The University of Texas at Tyler and of my use of the program's facilities and equipment, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release the above named Institution, 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, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution 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 negligence or intentional act or omission while participating in the 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 AND 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 NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Student-Athlete's Signature

Date

Witness Signature

Date