

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 am the Parent/Guardian of the above named student-athlete who is **under eighteen years of age** and am fully competent to sign this agreement

In consideration of my son/daughter to participate in the described sport under the auspices of the Department of Intercollegiate Athletics at The University of Texas at Tyler and to use the program's facilities and equipment, I hereby accept all risk to the participant's health and of his/her 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 and all liability to the participant, participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to the participants property and for any and all illness or injury to participants person, including his/her death, that may result from or occur during athletics 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 participant's 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 PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S 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 PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Parent/Guardian's Signature                      Date                      Address (if different than student-athlete)

\_\_\_\_\_  
Witness Signature                      Date