



Sul Ross State University Talent Search - ASSUMPTION OF RISK AND RELEASE AGREEMENT



Student Name: \_\_\_\_\_ School: \_\_\_\_\_

IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL: TSIA2 Boot Camp

TRIP TO VISIT: Sul Ross State University

DATE AND TIME (SEE YOUR STUDENT'S SCHOOL BELOW)

PRESIDIO: 9/30/24 8:00am from PHS-9/30/24 5:30pm at PHS

ALPINE: 9/30/24 9:30am from AHS -9/30/24 4:00pm at AHS

FT DAVIS: 9/30/24 9:00am from FDHS-9/30/24 4:30pm at FDHS

FT STOCKTON: 9/30/24 8:30am from FSHS-9/30/24 5:00pm at FSHS

My child voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Assumption of Risk and Release Agreement, which I sign voluntarily and based upon no compulsion or representation not contained in this agreement.

I acknowledge that the nature of the Activity and/or Travel could possibly expose me to hazards or risks that could result in illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. I understand and agree that if I do not comply with all the rules, university policies and regulations, and instructions relating to this Activity and/or Travel, SRSU has the right to terminate my child's participation in this activity.

In consideration of being permitted to participate in the Activity and/or Travel, I hereby assume and accept all risk to my child's health, injury, or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release SRSU its governing board, officers, employees and representatives from any and all liability to my child's personal representatives, estate, heirs, next of kin, and assign for any and all claims and causes of action for loss of or damage to property and for any and all illness or injury, including death, that may result from or occur during my participation in the Activity and/or Travel, whether or not caused by the of the negligence of SRSU, its governing board, officers, employees, or representatives. I further agree to indemnify and hold harmless SRSU 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 child's negligent, grossly negligent, or intentional act or omission while participating in the described Activity and/or Travel.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO THE PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ABOVE-DESCRIBED ACTIVITY AND/OR TRAVEL AND 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 PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT OR ACTIVITY.

I HAVE RECEIVED A COPY OF THE RESPONSIBILITIES OF PARTICIPANTS, UNDERSTAND THESE RESPONSIBILITIES, AND AGREE TO ABIDE BY PROGRAM AND UNIVERSITY REGULATIONS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Date

I \_\_\_ agree or \_\_\_ disagree to have my child's picture used in press releases, promotional materials for the Talent Search Program, and workshops. (please check whether you agree or disagree)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Parent/Guardian Name