



Texas A&M University-Textarkana Release and Indemnity Form Official Student Organization

I, _____, understand and agree that the official activities of the _____ of Texas A&M University-Textarkana (A&M-Textarkana) of which I am a student volunteer, beginning _____ and continuing with all subsequent activities as officially sponsored by A&M-Textarkana, involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that A&M-Textarkana cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of the _____, I hereby expressly and knowingly **RELEASE TAMUS, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF TAMU-T AND/OR _____, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TAMU-T, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES.**

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY TAMU-T, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of _____, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TAMU-T, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES.

A&M-Textarkana shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Name: _____ Student ID#: _____

Address: _____ Phone: _____

Date of Birth: _____ Driver License #: _____ State Issue: _____

Student Signature: _____ Date: _____

EMERGENCY INFORMATION

Emergency Contact: _____

Phone #: _____

Parent(s) Name: _____

Phone #: _____

Parent(s) Address: _____

Health Insurance Company Name: _____

Policy #: _____

Automobile Insurance Company Name: _____

Policy #: _____

Please list any special services you may require:

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you. 12/01