THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT:	UT EID: _	
Name (last name first - please print or type)		
Address		
City, State, Zip Code		
DESCRIPTION OF ACTIVITY OR TRIP: Overnigh	t Cultural exemusion	to
South Bohemia, Czech Republic	/	
mode of transportation: Coach Bus		
LOCATION(s) of activity or trip: South Boken		
DATE(s) of activity or trip: FROM Jane 7	20 <i>13</i> _ TO <u>June 8</u>	20 <u>/3</u>
I, the above named student, am eighteen years of a in the above Activity or Trip. I acknowledge that hazards or risks that may result in my illness, personature of such hazards and risks.	the nature of the Activity or Tri	p may expose me to
In consideration of my participation in the Activity injury or death that may result from such particip Austin, its governing board, officers, employees ar personal representatives, estate, heirs, next of kin, a for loss of or damage to my property and for any death, that may result from or occur during my panegligence of the University of Texas at Aurepresentatives, or otherwise. I further agree to inc Austin and its governing board, officers, employed death of any person(s) and damage to property the omission while participating in the described Activity I HAVE CAREFULLY READ THIS AGREEMENT AND	ation and I hereby release the Und representatives from any and a and assigns for any and all claims and all illness or injury to my participation in the Activity or Tripstin, its governing board, office demnify and hold harmless the Unes, and representatives from liability and result from my negligent ty or Trip.	niversity of Texas at Il liability to me, my and causes of action person, including my b, whether caused by cers, employees, or niversity of Texas at lity for the injury or or intentional act or
AND CAUSES OF ACTION FOR MY INJURY OR DE WHILE PARTICIPATING IN THE DESCRIBED ACTIVE THE PARTIES NAMED FOR ANY LIABILITY FOR IN PROPERTY CAUSED BY MY NEGLIGENT OR INTEN	ATH OR DAMAGE TO MY PROPE /ITY OR TRIP AND IT OBLIGATES IJURY OR DEATH OF ANY PERSO	RTY THAT OCCURS ME TO INDEMNIFY
	Date signed:	20
Signature of Student	-	
OL CHILD	Date signed:	20
Signature of Witness		
Printed Name of Witness	•	