



Sam Houston State University Honors Welcome Retreat Program Release

Important: This is a Legal Document - Read Carefully

Participant Name: _____

Date: _____

Program: Honors Welcome Retreat

Program Date: September 11-12, 2015

Program Location: University Camp

Trip Leader(s): Honors College Staff

Assumption of Risk

I plan to participate in the Sam Houston State University (SHSU) sponsored activity above. I will attend the Honors Welcome Retreat orientation meeting or have been briefed individually about safety consciousness and preparedness during the above mentioned activity. I am aware that I have a personal duty and responsibility to exercise common sense as to my own safety, as well as following the safety standards, guidelines, procedures established by the trip leader(s) and will make them aware if, at any point during the activity, I question my knowledge of such standards, guidelines, and procedures and/or my ability to participate in the activities without risk to myself or the group as a whole. I am aware that the use of illegal drugs or the illegal use of legal drugs is prohibited and the grounds for dismissal from this trip and/or additional disciplinary action. I am aware that participating in this activity requires me to be exposed to inherent risks and I accept responsibility for myself in light of these risks. I also affirm that I currently have medical insurance, either privately, through a parent or guardian, or through my place of employment.

I am traveling and participating entirely on my own initiative, risk, and responsibility.

Waiver Release

In consideration of the permission given to me by Sam Houston State University (SHSU) to participate in the above mentioned activity, I, (for myself, my heirs, executors, and administrators), RELEASE, DISCHARGE, AND AGREE TO INDEMNIFY SHSU, the Board of Regents, Texas State University System, the trip leader(s) named above, or all of the university's and Regents officers, agents, and employees (the released parties) from ANY AND ALL LIABILITY ARISING FROM OR IN CONNECTION WITH MY PARTICIPATION in the above-mentioned activity, REGARDLESS OF WHETHER SUCH LIABILITY IS CAUSED BY ME, I SHALL IDEMNIFY THE RELEASED PARTIES. I intend that the indemnity provided in this waiver and release is indemnity by me to indemnify the released parties from the CONSEQUENCES OF THEIR NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONCURRING CAUSE OF THE LIABILITY.

I have been informed and understand the risks and dangers inherent in the above described activity and that I participate freely and without guarantee or compulsion. I am of lawful age and legally competent and empowered to execute the affirmation, waiver, and release on my own behalf.

Signature of Participant

Date

Signature of Parent or Legal Guardian (if under 18)

Date