Sam Houston State University

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT:Name (last name, first - please print or type	SAM I	D:
Address	<u> </u>	
City, State, Zip Code		
DESCRIPTION OF ACTIVITY OR TRIP:		
MODE OF TRANSPORTATION:		
LOCATION(s) of activity or trip:		
DATE(s) of activity or trip: FROM	20 TO	20
I, the above named student, am eighteen yethe above Activity or Trip. I acknowledge or risks that may result in my illness, personuch hazards and risks.	that the nature of the Activity or Trip n	nay expose me to hazards
In consideration of my participation in the injury or death that may result from such pits governing board, officers, employees a representatives, estate, heirs, next of kin, a or damage to my property and for any and result from or occur during my participation. Houston State University, its governing further agree to indemnify and hold hard officers, employees, and representatives from to property that may result from my neg described Activity or Trip.	participation and I hereby release Sam I and representatives from any and all lial and assigns for any and all claims and ca I all illness or injury to my person, inclu- on in the Activity or Trip, whether caus board, officers, employees, or represent mless Sam Houston State University at com liability for the injury or death of a	Houston State University, bility to me, my personal auses of action for loss of ading my death, that may ded by negligence of Samentatives, or otherwise. I and its governing board, my person(s) and damage
I HAVE CAREFULLY READ THIS AGREEM AND CAUSES OF ACTION FOR MY INJUR WHILE PARTICIPATING IN THE DESCRIB THE PARTIES NAMED FOR ANY LIABILIT PROPERTY CAUSED BY MY NEGLIGENT OF	RY OR DEATH OR DAMAGE TO MY PR ED ACTIVITY OR TRIP AND IT OBLIGA TY FOR INJURY OR DEATH OF ANY PE	OPERTY THAT OCCURS ATES ME TO INDEMNIFY
Signature of Student	Date signed:	
Signature of Witness	Date signed:	
Printed Name of Witness		

Form: ADULT STUDENT