

**The University of Texas at Austin
Youth Protection Program
Release and Indemnification Agreement**

This form must be completed and returned to the camp director prior to the program start date.

Participant:

Camper's Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____

Description of Activity: Shadow a Scientist

Location: University of Texas at Austin Main Campus, J.J. Pickle Research
Campus and Dell Pediatric Research Institute
BIO, WEL, PAT, PAI, NHB, NMS, RLM, GDC, FNT buildings
Austin, TX 78712

Dates: A Wednesday 2-4pm, 5-23-18 to 8-22-18

I am the Parent/Guardian of _____ (participant name), who is under eighteen years of age and I
_____ (parent/legal guardian) am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin 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 Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND 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 NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: Shadow a Scientist

Camp Director: Dr. Greg Clark

Camp Director Phone: 512-471-1074/512-467-0145

Camp Director Fax: 512-471-1218

Camp Director Mailing Address: 205 W. 24th Street; A6700; Austin, TX 78712