

THE UNIVERSITY OF TEXAS AT AUSTIN * SPORTS CAMPS
ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: _____ CAMP: Texas Football Women's Chalk Talk

LOCATION: University of Texas – Austin DATE: March 13, 2019

I, the above-named Participant, am fully competent to sign this Agreement.

I realize that my participation in camp/clinic activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any camp/clinic activity, and this risk is increased even more so with contact sports. I acknowledge that my voluntary participation in this camp/clinic may expose me to hazards of risks that may result in illness, personal injury, or death.

I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by UT camp personnel to minimize my risk of sustaining an injury/illness while participating in camp/clinic activities. I agree to use all required protective equipment and follow all rules and instructions from University officials regarding safety. Also, I have no known physical infirmities which could be worsened or aggravated by participation and I declare myself physically fit and in good medical condition to engage in all camp/clinic activities.

In consideration of being permitted to participate in the camp/clinic and to use the program's facilities and equipment, I hereby accept all risk to my health and of injury or death that may result from such participation. I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my participation in the camp. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I have carefully read this agreement and I understand that it is legally binding document that affects my legal rights and remedies.

Signature of Participant

Date Signed

Address