Activity Release and Indemnity Agreement  
**For Adult Chaperones**

Name: ________________________________

Activity: CYD Summit 2015

Activity Dates: July 9-11th, 2015.

Releases: The Board of Regents, Texas State University System, Texas State University, and all regents, agents and officers for these entities.

Release: In consideration for facilitating my participation in the activity described above, I release, discharge, and agree not to sue Releases for any claims, demands, actions, and causes of action arising out of any loss or damage to my property and any injury, including death, that I may sustain whether or not caused by the negligence of the Releases, while participating in the activity, or while in transportation to and from the activity.

Risks: To the best of my knowledge, I can participate in this activity. I am aware of the risks and hazards connected with the activity, and I elect to participate voluntarily and engage in this activity knowing that the activity may be hazardous to my property and me. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in this activity, whether or not caused by negligence of Releases.

Indemnity: I also agree to indemnify and hold harmless the Releases from any loss, liability, damage, or costs, including court costs and attorney’s fees, that they may incur due to my participation in this activity whether caused by the negligence of Releases or otherwise. For example, I specifically agree to indemnify and hold harmless the Releases from losses they may incur as a result of my injuring another person or damaging another person’s property while participating in the activity.

Intent: I intent that this Activity Release and Indemnity Agreement bind not only me, but also the members of my family and my spouse (if any), if I am alive, and my heirs, assigns and personal representatives, if I am not alive. I intend this as a release, discharge, and promise not to sue to Releases. I further agree that this Activity Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read this Activity Release and Indemnity Agreement. I understand it and sign it voluntarily as my own free act.

_________________________________________  _________________________
Signature of Participant                   Date

If you have any questions, comments or concerns please call 512-245-8192 or email amy.williams@txstate.edu