

FOREIGN TRAVEL — MINOR PARTICIPANTS
RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (Name and Address)

INSTITUTION:
The University of Texas at Dallas (UTD)

Name (last name first - please print or type)

Address

City, State, Zip Code

(School/Administrative Division)

(Program/Administrative Unit)

Check here if you are not a registered UTD student.

IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL:

MODE OF TRANSPORTATION:

PRINCIPAL LOCATION(S): DATE(S):

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and has voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel could possibly expose Participant to hazards or risks that could result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I acknowledge that there may be additional hazards and risks associated with the foreign travel that is involved.

I understand that UTD strongly recommends that Participant obtain health insurance to meet any and all needs for payment of medical, hospital, medical evacuation and repatriation costs while undertaking this Travel and understand that UTD cannot and does not assume any legal responsibility for payment of such costs.

I understand that UTD in no way represents, or acts as agent for any entity including any foreign University, the transportation carriers, or other suppliers of services connected with this Travel. Additionally, I understand that should Participant have legal problems with foreign nationals or the government of the host country that Participant is solely responsible for resolving the matter and UTD is not responsible for providing any assistance.

I grant UTD and its employees full authority to take whatever actions they may consider to be warranted under any circumstances regarding the protection of Participant's health and safety. I understand and agree that if Participant does not comply with all the rules, code of conduct, and instructions relating to this Activity and/or Travel, UTD has the right to terminate his/her participation in this activity without refund.

In consideration of Participant being permitted to participate in the Activity and/or Travel, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release UTD, 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 and/or Travel, whether caused by any type of negligence of UTD, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless UTD 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 negligent or intentional act or omission while participating in the described Activity and/or Travel.

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 ABOVE DESCRIBED ACTIVITY AND/OR TRAVEL AND THAT 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 NEGLIGENT OR INTENTIONAL ACT OR OMISSION. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT OR ACTIVITY.

Signature of Parent/Guardian*

Signature of Witness

Printed Name of Parent/Guardian

Printed Name of Witness

Address (if different from Participant's Address)

Date Signed:

Date Signed: