BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

TRINITY UNIVERSITY

STUDENT/PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

Printed Name of Student/Participant:	
Course/Activity:	Course Number (if applicable):
Instructor/Sponsor:	Destination (if travel required):
Semester/Dates of Participation:	
travel, if any), I, THE UNDERSIGNED, Trinity University and all instructors, spo Trinity University (collectively "TU"), of and assigns, heirs and next of kin, for any dandeath or any one or more of the foregoin purpose in the Course/Activity, but excl FURTHER AGREE TO INDEMNIFY, DEF and all liabilities, damages, claims, lawsu investigation), and actions of any kind or property of another, any injury to me or none or more of the foregoing, arising out excluding any gross negligence or willful in that I recognize and assume all of the ri THAT IT IS IMPORTANT THAT I VIEXTENDS TO ME WHILE PARTICIPAT SUCH COVERAGE IF I DO NOT ALREACOVERAGE, and that no insurance coverage	d to participate in the Course/Activity above (including related HEREBY FULLY RELEASE AND FOREVER DISCHARGE nsors, agents, employees, officers, trustees and affiliates of from any and all liability to me, my personal representatives, nage to or loss of my property, any injury to my person or my ig, arising directly or indirectly out of my participation for any uding any gross negligence or willful misconduct of TU. I FEND, AND HOLD HARMLESS TU for, from, and against any its, costs (including court costs, attorneys fees and costs of description for any damage to or loss of my property or the my death, or the injury to or death of any other person or any of my participation for any purpose in the Course/Activity, but hisconduct of TU. By execution below I hereby acknowledge sks associated with the Course/Activity. I ACKNOWLEDGE ERIFY THAT I HAVE INSURANCE COVERAGE WHICH TING IN THE COURSE/ACTIVITY, AND THAT I SECURE ADY HAVE IT. I understand that TU does not provide such may exist through TU to cover any injuries or damages which I a result of my participation in the Course/Activity.
of the State of Texas, and venue with respinvolves this Release and Indemnity Agreed exclusively in Bexar County, Texas. Each pand if one portion is invalid or illegal, such portions shall nevertheless remain in full for Indemnity Agreement are contractual and my heirs, personal representatives and assent have not relied upon any statement or representative or entity which is hereby released. I WARRANT THAT I HAVE CAREFULLY REAL AM 18 YEARS OF AGE OR OLDER AND HAVE I HAVE EXECUTED THIS DOCUMENT VOLUDOCUMENT FULLY INTENDING TO BE BOULD.	
Dated this day of	·
Signature of Student/Participant	