THE TEXAS A&M UNIVERSITY SYSTEM
AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK
AND MEDICAL TREATMENT AUTHORIZATION

I, __________________________, age _____, desire to participate voluntarily in all activities of the
________________________________ (“Activity”), which is sponsored or conducted by or under the auspices of
________________________________ (“Sponsor”), a member of The Texas A&M University System. I am fully
aware that there are inherent risks to myself and others involved with the Activity, including but not
limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily
participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my
property, and to the person and property of others. I acknowledge that the Activity may be physically
strenuous. I know of no medical reason why I should not participate.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to
sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M
University System, the Board of Regents for The Texas A&M University System, and their members,
officers, agents, volunteers, or employees (“RELEASEES” and/or “INDEMNITEES”) from any and
all liabilities, claims, demands, injuries (including death), or damages, including court costs and
attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a
result of my participation and conduct in the Activity, while traveling to and from the Activity, or while
on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries
sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict
liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by
intentional or grossly negligent conduct.

NO INSURANCE:

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any
circumstance arising from my participation in the Activity or any event related to that participation. As such,
I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability
insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration
for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the
activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants
by expending limited resources on program materials rather than on liability insurance.

MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks
associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents,
injuries, and potential emergency situations. Therefore, I hereby give my consent for any medical
treatment, rescue or evacuation services that may be required (as determined by Sponsor staff, medics,
emergency personnel, or other medical professionals) during my participation in the Activity with the
understanding that the cost of any such treatment will be my responsibility. I, for myself, my heirs, personal
representatives or assigns, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to
treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the
treatment due to my inability to sign the documentation. I, for myself, my heirs, personal representatives
or assigns, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all
purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages,
including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical
care or in deciding to seek medical care, including while traveling to and from a medical care facility,
including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se,
statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. For students engaging in extracurricular activities: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. For students going on field trips, foreign travel or other class-related activities: I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this ______ day of _____________, 20__.

Participant Signature: __________________________________________________________

Printed Name: _________________________________________________________________

Participant’s Date of Birth: ___________________________________________________

Parent or Legal Guardian Signature: _____________________________________________
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: __________________________________________
(If Participant is under 18 years old)

TAMUS-OGC-Approved 8/2011
Texas A&M University-Corpus Christi

Youth Program

Medical Emergency Information/Consent for Treatment

Youth's name: ____________________________
Address: ____________________________

Social security number: ________________  Date of birth: ________________
Parent/guardian phone: Home ______________ Work ______________ Pager/Cellular ______________

Medical Information

Allergies: ____________________________
Current medications: ____________________________
Chronic illnesses: ____________________________
Date of last tetanus booster: ________________
Physician: ____________________________  Physician telephone number: ____________________________

Insurance Information

Does youth have health insurance? No _____  Yes _____
Medical insurance company: ____________________________  Tel. no. ____________________________
Group number/ID number: ____________________________  Name of insured: ____________________________

Person(s) to Notify in Case of Emergency:

Name: ____________________________
Relationship: ____________________________
Street Address: ____________________________
Phone: Day ______________  Evening ______________  Pager/Cellular ______________

Second contact (if first person unavailable)

Name: ____________________________
Relationship: ____________________________
Phone: Day ______________  Evening ______________  Pager/Cellular ______________

Consent for Medical Treatment:

The attending physician, appropriate staff, Texas A&M University-Corpus Christi, the Texas A&M University System, their Board of Regents, officers, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Texas A&M University-Corpus Christi does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child, ____________________________ to receive medical treatment.

Signature of parent/legal guardian ____________________________  Date ____________________________
TALENT RELEASE FORM

(Permission for Audio/Photo/Video Capture/Edit/Distribution)

I grant Texas A&M University-Corpus Christi and its employees and agents the irrevocable right to use my likeness (still or moving) or words (written or spoken) for purposes related to the educational mission of A&M-Corpus Christi, including publicity, marketing, and promotion of A&M-Corpus Christi, in any medium. I waive any right that I may have to inspect or approve the finished product in which my image or words are used. I do not expect compensation for the use of my likeness or words. I release A&M-Corpus Christi and its employees and agents from any liability related to the use of my likeness or words. I understand that by signing this release I am releasing certain of my legal rights, and that if I have any questions about these rights or this release I should consult my own attorney before signing. I am at least 18 years old, or if I am under 18 years old my parent or legal guardian has signed below.

Participant Name

Address

City State Zip Code

Parent Signature (Parent or Guardian if participant is under 18 years of age)

Date

Student Signature (if 18 years of age or older)

Date