

RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANTS TO TRAVEL

(To be used by student drivers and student riders in personal vehicles and college owned/leased vehicles including buses and vans.)

ADULT PARTICIPANT: (Name and Address)

Name (last name first - please print or type)

Address

City, State, Zip Code

Age

Date

INSTITUTION:

Austin College (AC)

(School/Administrative Division)

(Program/Administrative Unit)

___ Driver ___ Rider

Please check appropriate description:

___ Registered AC student ___ Faculty ___ Staff ___ Other (describe) _____

DESCRIPTION OF ACTIVITY AND/OR TRAVEL (i.e. sporting event, academic travel): _____

MODE OF TRANSPORTATION: _____

TO/FROM (LOCATION): _____ **DATE(S):** _____

I, the above named participant, have voluntarily applied to participate in the above Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel could possibly expose me to hazards or risks that could result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I grant AC and its employees full authority to take whatever actions they may consider to be warranted under any circumstances regarding the protection of my health and safety. I understand and agree that if I do not comply with all the stated expectations, College policies, code of conduct, and instructions relating to this Activity and/or Travel, AC has the right to terminate my participation in this Activity and/or Travel without refund.

I understand that I am responsible for all costs and expenses related to my transportation. I certify that if using my personal vehicle, I have the minimum automobile liability insurance coverage required by law. AC insurance will not cover any liability caused by the use of a personal vehicle while on this trip. Any occupants in my vehicle on this trip will not be covered by insurance carrier by AC and any risk taken by having them as passengers in my car will be borne by me/my personal insurance carrier. I understand and agree that all passengers in my vehicle who are students at AC shall have executed this release before departing for the Activity and/or Travel. This release applies to both drivers and riders.

In consideration of my participation in the Activity and/or Travel, I hereby accept all risk to my health and of my injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release AC, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity and/or Travel, whether caused by any type of negligence of AC, its governing board, officers, employees and representatives, or otherwise. I further agree to indemnify and hold harmless AC 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 my 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 MY INJURY OR DEATH OR DAMAGE TO MY 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 MY NEGLIGENCE 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 Adult Participant*

Date Signed

Signature of Witness

Date Signed

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Printed Name of Witness/ Title/ Department

OTHER INFORMATION

Cell Phone Number _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone Number _____

Alternate Phone Number _____

MEDICAL INSURANCE INFORMATION

Subscriber Name: _____

Relationship to Subscriber: _____

Insurance Carrier: _____

ID Number: _____

Group Number: _____