

UNIVERSITY OF TEXAS RIO GRANDE VALLEY DEAN OF STUDENTS Email: dos@utrgv.ed

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* <u>PARTICIPAN</u> Please select the one which appl	T INFORMATION	PARENT/GUARDIAN INFORMATION ONLY IF MINOR PARTICIPANT-Under 18 years of age	
	n-Student Minor Participant	UNLY IF MINOR PARTICIP	AN1-Under 18 years of age
	•	Name:	
Name:Student ID:		Address: (If different from Minor Participant's)	
Student Address:			
Street Address	Apt/Unit #	Street Address	Apt/Unit #
City	State	City	State
Zip Code	Country	Zip Code	Country
Phone #:		Phone #:	
Email:		Relationship:	
is under eighteen years of age), a participant permission to engage		greement. I have voluntarily applied to	participate in (or give my
my participant's) health and of n Institution, its governing board, of personal representatives, estate, participant's) property and for ar from or occur during my (or part board, officers, employees, or re- board, officers, employees, and re- from my (or participant's) neglig	ny (or his/her) injury or death that may officers, employees and representative heirs, next of kin, and assigns for any ny and all illness or injury to my (or paticipant's) participation in the Activity presentatives, or otherwise. I further agreepresentatives from liability for injury ent or intentional act or omission while	tin) taking part in the Activity or Trip, result from such participation and I has from any and all liability to me (or pand all claims and causes of action for articipant's) person, including my (or have or Trip, whether caused by negligence gree to indemnify and hold harmless the or death of any person(s) and damage e participating in the described Activity	pereby release the above named participant), my (or participant's) closs of or damage to my (or nis/her) death, that may result e of the Institution, its governing he Institution and its governing he to property that may result ty or Trip.
		ting Procedures STU 01-300 Student T DVID-19) and understand that failure to	
CAUSES OF ACTION FOR PA OCCURS WHILE PARTICIPA THE PARTIES NAMED FOR	ARTICIPANT'S INJURY OR DEA ATING IN THE DESCRIBED ACT	O UNDERSTAND IT TO BE A RELITH OR DAMAGE TO PARTICIPALIVITY OR TRIP AND IT OBLIGATER DEATH OF ANY PERSON AND LACT OR OMISSION.	NT'S PROPERTY THAT FES ME TO INDEMNIFY
* Signature of Participant	(Adult Student · Adult Non-Studer	nt · Minor Participant)	Date
Signature of Parent/ Guardia	nn (Only if participant is a minor)		Date