



Student Activity Release Form Prairie View A&M University

I, _____, understand and agree that the officially-sponsored activities of *PRAIRIE VIEW A&M UNIVERSITY* involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that *PRAIRIE VIEW A&M UNIVERSITY* cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of *PRAIRIE VIEW A&M UNIVERSITY, STUDENT ORGANIZATION, ETC.*, I hereby expressly and knowingly **RELEASE PRAIRIE VIEW A&M UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF PRAIRIE VIEW A&M UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF PRAIRIE VIEW A&M UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to **HOLD HARMLESS, PROTECT, AND INDEMNIFY PRAIRIE VIEW A&M UNIVERSITY, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of PRAIRIE VIEW A&M UNIVERSITY, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF PRAIRIE VIEW A&M UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

PRAIRIE VIEW A&M UNIVERSITY shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNED this _____ day of _____, 20____.

Participant Signature: _____

Printed Name: _____

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

Witness Signature: _____

Witness Printed Name: _____