

Lamar State College-Port Arthur
Activity Release and Indemnity Agreement

Student Name _____ P Number _____

Activity _____ Semester _____

Releasees: The Board of Regents, The Texas State University System, Lamar State College-Port Arthur, and all regents, employees, agents, and officers for these entities.

Release: In consideration for facilitating my participation in the activity described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action arising out of any loss or damage to my property and any injury, including death, that I may sustain whether or not caused by the negligence of the Releasees, while participating in the activity, or while in transportation to and from the activity.

Risks: To the best of my knowledge, I can participate in the activity described above. I am aware of the risks and hazards connected with the activity, and I elect to participate voluntarily and engage in this activity knowing that the activity may be hazardous to my property and me. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in this activity, whether or not such property loss or property damage or personal injury, including death, was caused by the negligence of Releasees.

Indemnity: I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorney's fees, that they may incur due to my participation in this activity whether caused by the negligence of Releasees or otherwise. For example, I specifically agree to indemnify and hold harmless the Releasees from losses they may incur as a result of my injuring another person or damaging another person's property while participating in the activity.

Intent: I intend that this Activity Release and Indemnity Agreement bind not only me, but also the members of my family and my spouse (if any), if I am alive, and my heirs, assigns, and personal representatives, if I am not alive. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Activity Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read this Activity Release and Indemnity Agreement. I understand it and sign it voluntarily as my own free act.

Signature of Participant

Date

Parent's Signature (if Student is under 18 years of age)

Date

This document must be signed in ink.