Student Activity Release Form

I,	xas ill
I hereby give my consent for any medical treatment that may be required during my participation we the understanding that the cost of any such treatment will be my responsibility.	ith
Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Texas Tech 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 Texas Tech University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.	ıry
Texas Tech University shall notify me promptly in writing of any claim or action brought against it 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 EVIDENCE MY INTENT TO BE BOUND BY ITS TERMS.	S
SIGNATURE:DATE:	
(PARTICIPANT)	
If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Texas Tech University from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Texas Tech University.	,
SIGNATURE: DATE:	