TEXAS TECH UNIVERSTIY
Student Activity Release Form

Printed Name of Student/Participant: _____
Course/Activity and Course Number (if applicable): _____
Instructor/Sponsor/Advisor: _____
Destination (if travel required): _____ Semester/Dates of Participation: _____

I, _____, understand and agree that officially-sponsored activities of Texas Tech 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 Texas Tech 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 Texas Tech University, I hereby expressly and knowingly RELEASE TEXAS TECH UNIVERSITY, TEXAS TECH UNIVERSITY SYSTEM, ITS OFFICERS, REGENTS, 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 TEXAS TECH UNIVERSITY, WHETHER RESULTING FROM ANY ACT OR OMISSION, NEGLIGENT OR OTHERWISE, OF MY OWN OR OF OF TEXAS TECH UNIVERSITY, ITS OFFICERS, REGENTS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

These terms shall also serve as a release and an assumption of risk for my heirs, executor(s), and administrator(s), and for all members of my family and may be pleaded as a bar to litigation.

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 Texas Tech University, Texas Tech University System, its officers, regents, 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, REGENTS, AGENTS, VOLUNTEERS, OR EMPLOYEES, OR ANY OTHER PERSON.

Texas Tech 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.

SIGNATURE: _____ **DATE:** _____
(PARTICIPANT)

Attachment
OP 34.06

10/29/2025

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:** _____
(PARENT OR GUARDIAN)