As a student of the Texas Tech University Health Sciences Center (TTUHSC) ________________________(student name/organization), I have the opportunity to participate in the ____________________________________________(activity) located in ____________________________________________(city), __________________________(state or country), from _________________________(date) through _________________________(date).

I, the undersigned, am aware of the dangers associated with travel by motor vehicle, or other conveyance, and the possibility of injuries or death while in transit.

In consideration of being allowed to attend the above mentioned activity, I, the undersigned, do hereby release, indemnify and hold harmless Texas Tech University Health Sciences Center, its Board of Regents, all its officers, advisors, agents, and employees, from any and all liability due to injuries, damage, or death arising or resulting from any act or omission, negligent or otherwise, of said Texas Tech University Health Sciences Center officers, advisors, agents, and employees and other officers or members of the ________________________________(name of group sponsoring trip), or any other person, entity or other participant in said event while attending the activity or while in transit to and from the activity. The terms hereof shall also serve as a release and an assumption of risk for my heirs, executor and administrator, and for all members of my family and may be pleaded as a bar to litigation.

I agree to indemnify and hold Texas Tech University Health Sciences Center, its Board of Regents, and all of its officers, agents, and employees harmless from and against any and all personal injury or damage to property.

I am above the age of 18 years and have read this Release and Indemnification Agreement, understand its conditions, have knowingly and voluntarily signed the same, and accept its terms.

___________________________________  __________________________
Signature of Applicant    Date

___________________________________ __________________________
Signature of Witness    Date