

UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

To maintain a one-page format, use only the "arrow" or "tab" keys – not the "enter" key.

Name of Participant	
Student Identification Number if Enrolled at UTSA	N/A
Name of Parent/Guardian if Participant is < 18 years old	
Address	
Age of Participant	
Emergency Contact/Phone Number	
Description of Activity/Trip (including all associated travel)	SAMTA Music Activities - Theory Test, Achievement Auditions JK Hodges Piano Competition
Location of Activity/Trip	UTSA Recital Hall & Arts Building
Date of Activity/Trip	11/03/18; 02/02/19, 02/09/19, 04/05/19, 04/06/19, 04/13/19

By signing below, I consent to the Participant’s participation in the above-described (“Activity/Trip”) and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that _____ (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant’s health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his or her death, that may arise from or occur during Participant’s participation in the Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant’s negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

Signature of Participant or Parent/Guardian **Printed Name of Signatory** **Date**

If Participant is at least 18 years of age OR Signature of Participant’s Parent/Guardian if Participant is under the age of 18

 Signature of Witness Printed Name of Witness Date

Teacher: _____