

**Texas Tech University Health Sciences Center
Student Liability Release Form**

Printed Name of Student/Participant: _____

Course/Activity: _____ Course Number (if applicable): _____

Instructor/Sponsor: _____ Destination (if travel required): _____

Semester/Dates of Participation: _____

I, the undersigned, understand and agree that the officially-sponsored activities of Texas Tech University Health Sciences Center 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 Health Sciences Center 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 Health Sciences Center, I hereby expressly and knowingly RELEASE TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, 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 HEALTH SCIENCES CENTER, WHETHER RESULTING FROM ANY ACT OR OMISSION, NEGLIGENT OR OTHERWISE, OF MY OWN, OR TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, REGENTS, AGENTS, VOLUNTEERS, OR EMPLOYEES, OR ANY OTHER PERSON. These terms 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 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 Health Sciences Center, 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 Health Sciences Center, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, REGENTS, AGENTS, VOLUNTEERS, OR EMPLOYEES, OR ANY OTHER PERSON.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

**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 Health Sciences Center 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, Texas Tech University Health Sciences Center, or any other person:

SIGNATURE: _____ DATE: _____

(PARENT OR GUARDIAN): _____ DATE: _____