Texas Tech University Health Sciences Center
TRAVEL RELEASE AND
INDEMNIFICATION AGREEMENT

As a student of the Texas Tech University Health Sciences Center (TTUHSC)
________________________________________(organization), I have the opportunity to participate in the
________________________________________(activity) located in __________________________(city), _________(state), 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 the University’s
officers, advisors, agents, and employees, as well as the officers, advisors, sponsors and employees of the
________________________________________(name of group sponsoring trip) 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 or other participant in
said activity 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 the
University’s 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 and accept its terms.

___________________________________  __________________________
Signature of Applicant       Date

___________________________________  __________________________
Signature of Witness       Date