

UNIVERSITY OF HOUSTON

RELEASE AND INDEMNIFICATION AGREEMENT

(Name and Address)

INSTITUTION:

University of Houston -Clear Lake _____

DESCRIPTION OF ACTIVITY OR TRIP: Yoga

LOCATION: UHCL

DATE(s): _____

I, the above named, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate in the above- referenced Activity or Trip, am able to use the equipment and/or supplies associated with the Activity or Trip, and have obtained all required immunizations.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip .

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Should I require emergency medical treatment as a result of accident or illness arising during the Activity or Trip, I consent to such treatment. I acknowledge that the University of Houston does not provide health and accident insurance for participants in the Activity or Trip and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I acknowledge that I have been given the option to purchase insurance for the Activity or Trip through the University. I will notify University representatives in writing if I have medical conditions about which emergency medical personnel should be informed.

Signature

Signature of Witness

Date Signed

Date Signed

Note: To request disability accommodations for this Activity or Trip, please contact [the Center for Students with Disabilities at least 10 days in advance of the Activity or Trip by calling (713) 743-5400 (voice); (713) 749-1527 (TTY); (713) 743-5396 (FAX).

DOC Form No. S-98-20:
Approved for use as a Standard Agreement
by the University of Houston System Office of the
General Counsel 8/31/98

Note: Modification of this Form
requires approval of OGC
Office of the General Counsel
Release and Indemnity Agreement--Adults
OGC S-98-20 Approved 8/31/98
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