

RELEASE AND INDEMNIFICATION AGREEMENT FOR VOLUNTEERS

VOLUNTEER: (Name and Address)

INSTITUTION:

The University of Texas at Austin
University Interscholastic League

DESCRIPTION OF VOLUNTEER'S ACTIVITY: _____

LOCATION: _____

DATE(s): _____

I, the above named volunteer, am 18 years of age or older and am voluntarily performing service for the Institution of my own free will and without any promise of remuneration, compensation, or benefits, including insurance. I acknowledge that within the course and scope of my activities as a volunteer, I may be exposed 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.

In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health and of my injury or death that may occur while I am acting within the course and scope of my activities as a volunteer.

I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any 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 activities as a volunteer, 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 above-named Institution and its governing board (The University of Texas Board of Regents), officers, employees, and representatives, in their individual and official capacities, 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 acting as a volunteer.

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 SERVING IN MY CAPACITY AS A VOLUNTEER 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.

Signature of Volunteer

Date: _____

Witness

Date: _____