## The University of Texas at San Antonio Youth Protection Program Release and Indemnification Agreement

Address  Description of Activity:  Location:  I am the Parent/Guardian of	First Name City State Zip  Dates:
Address  Description of Activity:  Location:  I am the Parent/Guardian of	StateZip
Description of Activity:  Location:  I am the Parent/Guardian of	
Location:  I am the Parent/Guardian of	
I am the Parent/Guardian of	Dates:
\Parenty \cong \co	(participant name), who is under eighteen years of age and I y competent to sign this Agreement.
	oove-referenced Activity or Trip. I acknowledge that the nature of or risks that may result in Participant's illness, personal injury or ch hazards and risks.
health and of his/her injury or death that may result from at San Antonio, its governing board, officers, employed Participant's personal representatives, estate, heirs, next loss of or damage to Participant's property and for any death, that may result from or occur during Participant's of The University of Texas at San Antonio, its governing further agree to indemnify and hold harmless The University employees, and representatives from liability for the inj	cipate in the Activity or Trip, I hereby accept all risk to Participant's om such participation and I hereby release The University of Texas ees and representatives from any and all liability to Participant, at of kin, and assigns for any and all claims and causes of action for any and all illness or injury to Participant's person, including his/her aparticipation in the Activity or Trip, whether caused by negligence ig board, officers, employees, or representatives, or otherwise. I versity of Texas at San Antonio and its governing board, officers, injury or death of any person(s) and damage to property that may remission while participating in the described Activity or Trip.
FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO P. THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES N	STAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR OPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
PRINT NAME	

## PLEASE RETURN TO UTSA:

Name of Program: <u>University of Texas at San Antonio NCA Cheer/Mascot Camp 2023</u>

Contact: <u>Debra Justice</u>, <u>Executive Director</u>, <u>Conference and Events Services</u>

Contact Phone: (210) 458-4906 Contact email: debra.justice@utsa.edu

Contact Mailing Address: 501 W. César E. Chávez, San Antonio, TX 78207