

RELEASE AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANTS

PARTICIPANT: (Name and Address)

INSTITUTION: University of Texas at Dallas (UTD)

Name – (Last name, First Name)

Address

City, State, Zip

IDENTIFYING DESCRIPTION OF ACTIVITY AND/OR TRAVEL: Scouting University, in conjunction with Alpha Epsilon Zeta Chapter of Alpha Phi Omega.

MODE OF TRANSPORTATION: n/a

PRINCIPAL LOCATION: UTD campus

DATE: March 22, 2008

I am the Parent/Guardian of the above-named Participant who is under eighteen (18) years of age and has voluntarily applied to participate in the above Activity and/or Travel. I acknowledge that the nature of the Activity and/or Travel could possibly expose the Participant to hazards or risks that could result in Participant's illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. I grant UTD and its employees full authority to take whatever actions they may consider to be warranted under any circumstances regarding the protection of the participant's health and safety. I understand and agree that if the participant does not comply with all of the rules, code of conduct, and instructions relating to this Activity and/or Travel, UTD has the right to terminate his/her participation in this activity without refund.

In consideration of Participant being permitted to participate in this Activity and/or Travel, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release UTD, its governing board, officers, employees and representatives and Alpha Phi Omega, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity and/or Travel, whether caused by any type of negligence of UTD, its governing board, officers, employees, or representatives, or otherwise; or by any type of negligence of Alpha Phi Omega, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless UTD and its governing board, officers, employees, and representatives and Alpha Phi Omega, its governing board, officers, employees, or representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity and/or Travel.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ABOVE DESCRIBED ACTIVITY AND/OR TRAVEL, AND THAT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT OR ACTIVITY.

Signature of Parent/Guardian*

Signature of Witness

Printed Name of Parent/Guardian

Printed Name of Witness

Address (if different from Participant's)

Date signed

Date signed

***SIGNATURE REQUIRED ON COMPLETED FORM FOR PARTICIPATION IN ABOVE-REFERENCED ACTIVITY AND/OR TRAVEL BY March 22, 2008**