

UTSA Department of Architecture Summer Academy Participant Liability Waiver

Participant Name: _____ Age: _____
Address: _____ City: _____ State: _____
Name of Parent/ Guardian if Participant is < 18 years old: _____
Emergency Contact: _____ Phone: _____
Description of Activity/ Trip (including transportation to and from): participation in UTSA DOA Summer Career Academy field trips within San Antonio during class time
Location of Activity/ Trip: San Antonio Design firms/ building sites Dates: June 5-16, 2017

By signing below, I certify that Participant is in good health and consent to the Participant's participation in UTSA DOA Summer Academy field trip ("Activity/Trip"). I acknowledge that the nature of the Activity/ Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I also understand that contracted bus companies will transport the Participant to San Antonio design sites for site observation and related events as necessary. I understand that Participant may have unsupervised access to the internet while on the UTSA campus, or while otherwise participating in the Activity/ Trip.

In consideration of Participant being permitted to participate in the Activity/ Trip, I hereby accept all risk to Participant's health, including any injury or death to Participant that may occur as a result of Participant's participation in this Activity/ Trip, and hereby release UTSA, its Participant, Participant's personal representatives, estate, heirs, next to kin, and assigns for any and all loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his or her death, that may result from or occur during Participant's participation in the Activity/ Trip, regardless of the cause. I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of Participant as well as any damages to property that may result from Participant's participation in the Activity/ Trip, regardless of whether such injury, death or damage results from Participant's negligent or intentional act or omission.

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 DESCRIBED ACTIVITY/ 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 PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant (If Participant is at least 18 years of age) or of Participant's Parent/ Guardian (if Participant is under the age of 18 years of age)

Printed Name of Participant/ Parent or Guardian (if Participant is under the age 18 years of age)

Witness: _____ Date: _____
(Witness may be any adult who sees the participant or parent/guardian sign above, including parents)