

**Texas A&M University-Corpus Christi  
Youth Program  
Waiver of Liability and Consent to Participate**

I, \_\_\_\_\_, understand and agree that the officially-sponsored activities of A&M-CC involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that A&M-CC cannot be expected to control all or said risks. In consideration of the benefits I will receive through my participation in the activities of (THE UNIVERSITY, STUDENT ORGANIZATIONS, YOUTH PROGRAMS, ETC.), I hereby expressly and knowingly **RELEASE A&M-CC, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF A&M-CC, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF A&M-CC, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

**Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY A&M-CC, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of A&M-CC, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR MY THE NEGLIGENCE OF A&M-CC, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

A&M-cc shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Participant's Name (please print) \_\_\_\_\_

If Under 18 years of age, Parent/Guardian(please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_