

Parent/Guardian Printed Name (if participant is minor)

PARTICIPANT WAIVER AND HOLD HARMLESS AGREEMENT

ST. EDWARD'S UNIVERSITY			
St.	Edward's University, Inc. ("University") is sponsoring the following activity, event or	trip	
•	a condition of allowing participation in the Activity, the University requires all participants (or their guardian	—· ns if	
	e participant is under age 18) to sign this Participant Waiver and Hold Harmless Agreement. By signing		
Agı	reement, the undersigned agrees to the following:		
1.	I am fully aware of the inherent risks involved with the Activity and travel relating to the Activity, including	but	
	not limited to_bodily injury, paralyzing injuries or even death.		
	I choose to voluntarily participate in the Activity with full knowledge that the Activity may be hazardous to	me	
	and my property.		
2.	I understand the Activity may involve physically strenuous activities. I know of no medical reason why I sho not participate.	ould	
3.	I hereby accept and assume full responsibility for any risks of loss, property damage or personal inj including death, that may be sustained as a result of participating in the Activity, INCLUDING INJUI SUSTAINED AS A RESULT OF THE NEGLIGENCE OF THE UNIVERSITY OR ITS REPRESENTATIVES.		
4.	I hereby release and agree to indemnify and hold harmless the University and its affiliates, trustees, office	`ers	
•	employees, agents and contractors from and against any and all manner of actions, causes of action, suits		
	claims for damages of any kind, including claims for damages of any kind (including attorneys' fees and co		
	arising out of personal injury, death, property damage or other damage or loss (collectively "Losses"),	-	
	result from or arise in connection with my participation in the Activity, or that occur while I am on	the	
	premises owned or leased by the University. THIS RELEASE, INDEMNITY AND HOLD HARMLESS AGREEM		
	ALSO INCLUDES, BUT IS NOT LIMITED TO, ALL CLAIMS BASED IN WHOLE OR IN PART ON THE NEGLIGE		
	(EXCEPT GROSS NEGLIGENCE) OF THE PARTIES RELEASED ABOVE OR INJURIES RESULTING FROM THE EXER OF JUDGMENT MADE IN GOOD FAITH.	CISE	
5.	I understand that the University does not maintain an insurance policy for my benefit covering circumstar	ıces	
	arising from my participation in the Activity or related to such participation. As such, I am aware that I sho	ould	
	review my personal insurance coverage if I wish to have insurance coverage for the Activity.		
6.	It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family		
	am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by	the	
_	laws of the State of Texas.		
7.	I acknowledge and represent that I have carefully read this agreement and understand the agreement, matters being released and my obligations hereunder. I execute this document voluntarily, for full, adequand complete consideration fully intending to be bound by the same, now and in the future.		
SIG	GNED this day of, 20		
Pai	rticipant Name:		
	rticipant/Parent/Guardian Signature Witness Signature	_	

Witness Printed Name