UNIVERSITY OF NORTH TEXAS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1	In consideration for receiving permission to participate in	and other	
1.	valuable consideration, I hereby RELEASE, WAIVE, DISC Board of Regents of the University of North Texas, the Sta to as RELEASEES) from any and all liability, claims, dem loss, damage, or injury, including death, that may be sustain	CHARGE, and COVENANT NOT TO SUE the University of North Texas, the stee of Texas, their officers, servants, agents, or employees, (hereinafter referred lands, actions and causes of action whatsoever arising out of or related to any sined by me, or to any property belonging to me, WHETHER CAUSED BY THE le participating in such activity, or while in, on, or upon the premises where the	
2.	including but not limited to the risks as noted herein, and named premises and engage in such activity knowing the ASSUME FULL RESPONSIBILITY FOR ANY RISKS	ctivity. I am fully aware of the risks and hazards connected with the activity I hereby elect to voluntarily participate in said activity, and to enter the above at the activity may be hazardous to me and my property. I VOLUNTARILY OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING mage to property owned by me, as a result of being engaged in such an activity EASEES or otherwise.	
3.		MLESS the RELEASEES from any loss, liability, damage or costs, including y participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF	
4.	4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive and my heirs, assigns and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AN COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.		
5.	I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE INJURY I MAY SUSTAIN.	E RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY	
6.		of the university concerning student conduct and not to violate said rules or any charge of said program and that I will further assume the complete risk of any ction.	
7.	I also understand that I should and am urged by UNT to obtain which may be sustained during the program or the transpor	a adequate health and accident insurance to cover any personal injury to myself rtation to and from said program.	
fre eig ha	EPRESENT THAT I have read the foregoing Waiver of Liability are act and deed; no oral representations, statements or inducement ghteen (18) years of age and fully competent; or, if I am under eive been obtained; and I execute this Release for full, adequate, and		
IN	WITNESS WHEREOF, I have hereunto set my hand on this	day of	
Pa	rticipant's signature (required)		
(w	itness)	(witness)	
	SIGNING THIS RELEASE, AS THE PARENT OR LICKNOWLEDGE AND REPRESENT THAT I		
for		ct and deed; no oral representations, statements or inducements, apart from the clease for full, adequate, and complete consideration fully intending to be bound	
Pa	rent's or Legal Guardian's signature (required for participants unde	r 18 years of age)	
(w	itness)	(witness)	

(see over)

ACTIVITIES OFFERED AND POSSIBLE INJURIES WHICH MAY OCCUR

There are risks involved when participating in the following activities offered. Some of the possible injuries and bodily harm which can occur through participation in the activities are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries which may be sustained. The individual is completely responsible for his/her own safety and health.

Flag Football Badminton
Soccer Tennis
Basketball Racquetball
Softball Pickle Ball

Volleyball Innertube Waterpolo

Fun Runs Bicycling Swimming Meet Golf

Track and Field Various special events

POSSIBLE INJURIES:

strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (such as abrasions, incision, lacerations, punctures), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in extreme case--death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN SPORTS INJURIES:

head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdomen, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries, veins and brain.

I HAVE REVIEWED THE ABOVE INFORMATION AND AM AWARE OF THE RISKS INVOLVED IN PARTICIPATING IN ACTIVITIES AND THE POSSIBLE INJURIES WHICH MAY OCCUR. I FREELY AND VOLUNTARILY AGREE TO PARTICIPATE IN ANY AND/OR ALL OF THE ACTIVITIES LISTED HERE WHICH ARE OFFERED IN THE PROGRAM.

Participant's signature (required)	(date)
Parent's or Legal Guardian's signature (required for participants under 18 years	s of age)