

Lamar State College – Port Arthur
BLANKET LIABILITY RELEASE & INDEMNIFICATION AGREEMENT
January 2019 - August 2019

Name: _____

Date of Birth: _____

P# (Student ID): _____

Activity: _____

Being 18 years of age or older, in consideration of being allowed to travel in conjunction with the above Lamar State College-Port Arthur activity listed above. This acknowledges that I choose to attend the event(s) described above. I (for myself, my heirs, executors, and administrators) release, discharge, and agree to indemnify the Board of Regents, Texas State University System; Lamar State College-Port Arthur; and all regents and employees and the same from any claims, personal injury, or property damage that I may sustain from any cause in connection with my participation in the activity, regardless of whether such injury or property damage is caused in whole or in part by the negligence of those indemnified. I agree to accept medical treatment should it become necessary for my well-being. I certify that I have read and understand this agreement and that I may be giving up legal rights which I may otherwise have.

Student's Signature

Date

Being legally responsible for the above listed minor, I grant permission for our child to participate in the activity named above on the date shown. In consideration for her/his being allowed to participate in the activity listed above, this acknowledges that I authorize on behalf of my minor listed above, has chosen and will be traveling on their own to attend the event(s) described above. We (for ourselves, our heirs, our minor, executors, and administrators) release, discharge, and agree to indemnify Lamar State College-Port Arthur, the Texas State University System; and all of their agents and employees from any claims, personal injury, or property damage that may occur from any cause in connection with the activity, regardless of whether such injury or property damage is caused in whole or in part by the negligence of those indemnified. We I agree to accept medical treatment should it become necessary for our child's well-being.

I certify that I have read and understand this agreement and that I may be giving up legal rights which I may otherwise have.

Parent/Guardian Signature

Date