



Blanket Liability Release & Indemnity Agreement

Name: _____

Student ID Number: P00 _____ Date of Birth: _____

Organization/Department: _____

Activity: _____

Emergency Contact Full Name: _____

Emergency Contact Mobile #: _____

If traveling with your personal vehicle, please provide full description (make, model, year, and color): _____

Being 18 years of age or older, in consideration of being allowed to travel in conjunction with the 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.

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

Parent/Guardian Signature

Date