



2000 W. University Blvd. • Brownsville, Texas 78520 • (956) 295-3710 • www.tsc.edu

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

I, the named participant/member, am eighteen years of age or older and have voluntarily engaged in use and utilization of the TSC Recreation Center or its programs and services. I acknowledge that the nature of participation may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. In consideration of my participation and use of the facility, all equipment, and program/services, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any illness or injury to my person, including my death, that may result from or occur during my use and utilization of the TSC Recreation Center or its programs and services, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise.

- I understand that my use and utilization of the TSC Recreation Center or its programs and services may result in physical injury or even death.
- I also understand that any level of physical activity can place stress on the body and that I should consult a medical doctor before engaging in physical activity.
- I recognize and acknowledge that Texas Southmost College does not carry health and/or hospital insurance for students.
- I understand that I may purchase insurance on my own through an agent of my choosing.
- I am involved with this event voluntarily and completely understand the risk associated with my participation.
- I understand that photographs may be taken while I am participating in programs and services offered by the TSC Recreation Center and I hereby release any and all claims of said photos to Texas Southmost College.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FROM MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FROM MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Name

ID Number (TSC/UTRGV/Alumni/DL)

Signature

Date

Email

Phone Number

Date of Birth

Street Address

City

State

Zip

Emergency Contact Name

Relationship

Emergency Contact Number (Cell Phone)

Emergency Contact Number (Home)

Guardian's Name (if participant is under the age of 18)

Guardian's Signature