

LeTourneau University Intramural Department

HOLD HARMLESS RELEASE AGREEMENT

1. I know that participation in the above listed activities can be potentially hazardous and I agree that my participation in this activity is entirely voluntary. I know I should not enter this activity unless I am medically able to participate and by signature below attest that I am medically fit to participate. I know that the hazards of these activities include, but are not limited to: falling; collision with other participants; collision with fixed objects; and being struck by the game objects.
2. That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the Curators of LeTourneau University and their trustees, officers, employees, and agents from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.

That in consideration of my participation in this program, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless advisors, team officers, coaches, and co-participants from any and all liability, damage, or claim of any nature whatsoever arising out of my participation.

3. I understand that LeTourneau University may not provide any Accident or Medical Insurance.
4. I have read and understand the terms of this Release and agree to all terms and conditions.
5. I further state that I am cognizant of the inherent dangers and risks, including paralysis and death associated with these activities. Additionally, I am aware of the common dangers and risks of various means of transportation.
6. I am of lawful age (age of majority is 18 years +) and legally competent to sign this waiver and release, and I have signed this document of my own free will and action.
7. I hereby consent to any publicity, including the use of my name and likeness, in connection with my participation in these activities at LeTourneau University.

Printed Name _____ Floor/Residence _____

Participant Signature _____

Witness _____ Date _____

Parent/Guardian Signature _____ Date _____

(Only needed if younger than 18 years old)

Send to:

Student Affairs Office - Patty Swanson, Fax 903-233-4401, email: pattyswanson@letu.edu