

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS  
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Lubbock Christian University

PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

Printed Name of Participant: \_\_\_\_\_

Participant Mobile Number: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Emergency Contact name and phone number: \_\_\_\_\_

I understand that my time at Lubbock Christian University (LCU) may present opportunities to participate in University sponsored activities involving travel to and from off-campus locations (Activity or Activities). Participation in such Activities carries inherent risk; my participation in such Activities is voluntary, and I will not participate in any Activities I deem to be of unacceptable risk. I understand that I continue to be bound by the provisions of the LCU Student Handbook while participating in Activities.

In consideration of my participation in the Activity, I hereby accept all risk to my health and of my injury or death that may result from my participation and I hereby release LCU, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity, whether caused by any act or omission of LCU, its governing board, officers, employees, or representatives, or otherwise, including any negligent conduct by LCU. I further agree to indemnify and hold harmless LCU and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the Activities.

By execution below I hereby acknowledge that I recognize and assume all the risks associated with the Activity. I acknowledge that it is important that I have insurance coverage which extends to me while participating in activities. I understand that LCU does not provide such coverage, and that no insurance coverage may exist through LCU to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the Activities.

The terms of this Release and Indemnity Agreement are to be governed by and construed under the laws of the State of Texas, and venue with respect to any dispute arising between LCU and any other party that involves this Release and Indemnity Agreement or my participation in the Activities shall be exclusively in Lubbock County, Texas. Each provision of this Release and Indemnity Agreement is severable and if one portion is invalid or illegal, such invalid or illegal portion shall not apply, but the remaining portions shall nevertheless remain in full force and effect. I understand that the terms of the Release and Indemnity Agreement are contractual and not mere recitals, and that such terms are binding upon me, my heirs, personal representatives and assigns. In making this Release and Indemnity Agreement, I have not relied upon any statement or representation pertaining to this matter made by LCU or any other person or entity which is hereby released.

**Photographic Release:** I hereby grant and convey unto Lubbock Christian University all rights, title, and interest in any and all photographic images, video, and/or audio recordings made by LCU during my participation in Activities, including but not limited to, any royalties, proceeds or other benefits derived from such photographs and recordings.

**I WARRANT THAT I HAVE CAREFULLY READ THIS DOCUMENT AND KNOW ITS CONTENTS, AND THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE FULL AUTHORITY TO EXECUTE THIS DOCUMENT AND THAT I HAVE EXECUTED THIS DOCUMENT VOLUNTARILY AND AS MY OWN FREE ACT. I EXECUTE THIS DOCUMENT FULLY INTENDING TO BE BOUND BY ITS TERMS.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature of Participant

If the Participant is not eighteen (18) years of age or older, the signature of Participant's parent or legal guardian is required.

As parent or legal guardian of the above-mentioned Participant, I agree to and approve the terms of this Release and Indemnity Agreement and consent to the Participant's participation in LCU Activities and warrant that I have full authority to do so on behalf of myself, the Participant and the Participant's heirs, personal representatives and assigns.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Revised 09/06/2018