RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

PARTICIPANT: (Name and Address)	INSTITUTION: The University of Texas at SFA
DESCRIPTION OF ACTIVITY OR TRIP: Academy and Ride Along	UT System Police Department at SFA Citizens' Police
Academy and Kide Along	
LOCATION: UTS at SFA Campus	DATE(s): Tuesdays; February 4 – April 8, 2025
above Activity or Trip. I acknowledge that the nat	or older and have voluntarily applied to participate in the ture of the Activity or Trip may expose me to hazards or risks eath and I understand and appreciate the nature of such hazards
In consideration of my participation in the Activity or death that may result from such participation.	or Trip, I hereby accept all risk to my health and of my injury
of Regents), officers, employees and representational liability to me, my personal representatives, estand causes of action for loss of or damage to my person, including my death, that may result from	s governing board (The University of Texas System Board tives, in their individual and official capacities, from any ate, heirs, next of kin, and assigns for any and all claims property and for any and all illness or injury to my m or occur during my participation in the Activity or Trip THE INSTITUTION, ITS GOVERNING BOARD, ATIVES, OR OTHERWISE.
University of Texas System Board of Regents), off official capacities, from liability for the injury or d	e above-named Institution and its governing board (The ficers, employees, and representatives, in their individual and eath of any person(s) and damage to property that may result while participating in the described Activity or Trip.
ALL CLAIMS AND CAUSES OF ACTION FOR PROPERTY THAT OCCURS WHILE PARTIE	
Signature of Participant	Date:
Witness	