



MINOR STUDENT TRAVEL RELEASE AND INDEMNIFICATION AGREEMENT

STUDENT: _____ ID: _____
Name (last name first - please print or type)

Address

City, State, Zip Code

PARENT OR LEGAL GUARDIAN: _____
Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: _____

MODE OF TRANSPORTATION: _____

LOCATION(S) OF ACTIVITY OR TRIP: _____

DATE(S) OF ACTIVITY OR TRIP: FROM _____ 20 ____ TO _____ 20 _____

I am legally responsible for the above-named student, who has voluntarily requested to participate in Activity or Trip. I give my permission for Student to participate in Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Student to hazards or risks that may result in Student's illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. If the Activity or Trip requires international travel, I understand and appreciate that hazards and risks are heightened and Student's participation in an international trip is inherently dangerous and may result in Student's death or injury. Indeed, I agree to review and understand U.S. State Department travel warnings and guidance regarding the Activity or Trip's location.

In consideration of Student's participation in the Activity or Trip, I hereby accept all risk to Student's health and of Student's injury or death that may result from such participation, and I hereby release Lone Star College, its governing board, officers, employees, and representatives from any and all liability to me or Student, my or Student's 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 or Student's property and for any and all illness or injury to my or Student's person, including Student's death, that may result from or occur during Student's participation in the Activity or Trip, whether caused by negligence of Lone Star College, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Lone Star College 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 Student's negligent or intentional act or omission while participating in the described Activity or Trip.

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

Parent or Legal Guardian Signature

Date signed: _____

Signature of Witness

Date signed: _____

Printed Name of Witness