TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER TRAVEL RELEASE AND INDEMNIFICATION AGREEMENT

As a student of the Texas Tech Un	iversity Health Sciences Center (T	TUHSC)	
	(organization), I have the oppor	rtunity to participate in tl	he
(activity) located in	(city),	(state), from
(date) through _	(date).		
I, the undersigned, am aware of the possibility of injuries or death while	-	y motor vehicle, or othe	r conveyance, and the
In consideration of being allowed to indemnify and hold harmless Texas officers, advisors, agents, and emp	s Tech University Health Sciences	Center, its Board of Revisors, sponsors and em	egents, all the University's apployees of the
damage, or death arising or resulting Health Sciences Center officers, ac		d other officers or mem	bers of the
said activity while attending the act as a release and an assumption of may be pleaded as a bar to litigation	risk for my heirs, executor and ad	•	
I agree to indemnify and hold Texa University's officers, agents, and en property.	-		_
I am above the age of 18 years and	d have read this Release and Inde	mnification Agreement	and accept its terms.
Signature of Applicant	Date		

Date

Signature of Witness