

STEPHEN F. AUSTIN STATE UNIVERSITY
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in the Chamber of Commerce Leaders of Tomorrow program activities associated with Stephen F. Austin State University and/or on its premises, including but not limited to the opening retreat, Omicron Delta Kappa Leadership Conference, Download the Future, the BIG Event, and awards ceremony, and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
 2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
 3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
 4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
 5. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.
 6. I further agree to become familiar with the rules and regulations of the University concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
 7. I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.
 8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.
- IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 201__.

Participant

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

MEDICAL TREATMENT PERMISSION FORM

Student's Name _____

I, _____, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Home Phone (_____) _____ Alternate Phone (_____) _____

Health Carrier: _____ Policy No.: _____

Other Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions: _____

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

Student Signature

Parent (if Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)

**STEPHEN F. AUSTIN STATE UNIVERSITY
PHOTOGRAPHIC CONSENT & RELEASE FORM**

I, the undersigned, do hereby authorize and give to Stephen F. Austin State University (SFASU), its employees, designees, agents, and all persons or entities for or through whom SFASU is acting, permission and the absolute right to take, publish, use, edit, reproduce, distribute and other similar activity my likeness and/or voice regardless of the medium used, to specifically include but not limited to, photographic, video, audio, digital or other electronic or digital medium. I understand that this information may be used for any lawful purpose to include artistic works, promotional or advertising efforts, publicity or recruitment and by signing this document expressly authorize such use. I agree that any reproduction of my likeness becomes the exclusive property of the University.

I understand and agree that I shall not be notified when any reproduction of my likeness, regardless of form, is used, nor will I be given the opportunity to view or approve of the reproduction prior to its publication. I further understand and agree that there will be no remuneration or compensation provided for any use of my likeness, and I hereby waive any rights to royalties or other compensation arising from any use of my likeness by the University.

I RELEASE AND AGREE TO HOLD HARMLESS STEPHEN F. AUSTIN STATE UNIVERSITY, ITS EMPLOYEES, DESIGNEES, AGENTS, AND ALL PERSONS OR ENTITIES FOR OR THROUGH WHOM SFASU IS ACTING, FROM ANY LIABILITY IN CONNECTION WITH TAKING, STORING OR USING ANY REPRODUCTION OF MY LIKENESS REGARDLESS OF MEDIUM. I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS PHOTOGRAPHIC CONSENT AND RELEASE FORM.

Name: _____

Address: _____
Street

City

State

ZIP

Phone: _____

Signature: _____

Date

If under 18, Parent or Guardian Signature:

Date