RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

PARTICIPANT: (Name and Address)	INSTITUTION:
	The University of Memphis
	3720 Alumni Ave
	Memphis, TN 38152
DESCRIPTION OF ACTIVITY OR TRIP:	
LOCATION:	DATE(s):
this Agreement. I give permission for Participan acknowledge that the nature of the Activity or Tr	rticipant who is under 18 years of age and am fully competent to sign t to participate in the above-referenced Activity or Trip. I rip may expose Participant to hazards or risks that may result in d I understand and appreciate the nature of such hazards and risks.
In consideration of Participant being permitted to Participant's health and of his/her injury or death	p participate in the Activity or Trip, I hereby accept all risk to that may result from such participation.
Trustees), officers, employees and representat to Participant, Participant's personal represen- claims and causes of action for loss of or dama to Participant's person, including his/her deat participation in the Activity or Trip, WHETH	its governing board (The University of Memphis Board of ives, in their individual and official capacities, from any liability ntatives, estate, heirs, next of kin, and assigns for any and all age to Participant's property and for any and all illness or injury h, that may result from or occur during Participant's IER CAUSED BY NEGLIGENCE OF THE INSTITUTION, IT DYEES, OR REPRESENTATIVES, OR OTHERWISE.
of Memphis Board of Trustees), officers, employ	the above-named Institution and its governing board (The University rees, and representatives, in their individual and official capacities, n(s) and damage to property that may result from Participant's reticipating in the described Activity or Trip.
CLAIMS AND CAUSES OF ACTION FOR F PARTICIPANT'S PROPERTY THAT OCCU ACTIVITY OR TRIP AND IT OBLIGATES	MENT AND UNDERSTAND IT TO BE A RELEASE OF ALL PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO URS WHILE PARTICIPATING IN THE DESCRIBED ME TO INDEMNIFY THE PARTIES NAMED FOR ANY ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY FIONAL ACT OR OMISSION.
Signature of Parent/Guardian	Date:
Address (if different from Participant's)	