



## Release and Hold Harmless Agreement

I desire to have my child, \_\_\_\_\_, use the facilities and equipment of William Marsh Rice University, and in consideration thereof, I hereby agree as follows:

1. I release and hold harmless William Marsh Rice University, including, but not limited to, its trustees, officers, employees, representatives, volunteers, agents, and affiliates, from any and all liabilities or claims made, including, but not limited to, personal injuries and damage to or loss of personal property arising directly or indirectly in connection with my child's use of the facilities and equipment of William Marsh Rice University.
2. My child has medical/hospitalization insurance with \_\_\_\_\_ company, policy number I understand that should my child require medical treatment, an attempt will be made to notify me by telephone. In the event I cannot be reached, I consent to any medical treatment which may be deemed necessary under the circumstances in the event of injury, accident and/or illness during this activity. Any expense not covered by insurance shall be my sole responsibility.

By signing below, I certify that I understand and agree to abide by the release of liability and medical authority as set forth above.

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date: \_\_\_\_\_