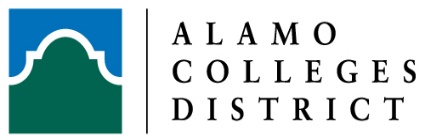
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College

**RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

1. As a voluntary participant in the Alamo Community College District (“ACCD”) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program (“**Program**”) I, the undersigned, voluntarily and knowingly sign this release and indemnity agreement (“Agreement”). I hereby acknowledge and agree that participation in the Program is voluntary. The Program participants depart San Antonio, Texas on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, and are scheduled to return to San Antonio, Texas on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.
2. **I release, waive, discharge, and agree to indemnify and hold harmless** ACCD, its Board of Trustees, officers, employees, representatives, agents, volunteers, contractors or others acting on behalf of ACCD (excluding common carriers), plus those persons and entities sponsoring, conducting or allowing uncompensated access to their property for the Program (collectively, “Protected Parties”) from any and all complaints, claims, liabilities, suits, damages, judgments, penalties, fines, settlements, losses and expenses (including legal fees, expert witness fees and other legal expenses and court costs), of whatsoever kind and nature, imposed upon, incurred by, or asserted against Protected Parties (collectively, “Claims”), which I or others under my control now have or will have in the future against Protected Parties, including, without limitation, those resulting from or relating to any accidents, illness or other personal injury (including death), property damage, economic loss, victimization by crime, or any other loss suffered or sustained by me, my child, or others under my control, including minor children, **while participating in the Program (“Participants”), including, without limitation, when traveling to and from any event related to or a part of the Program**, INCLUDING BUT NOT LIMITED TO CLAIMS ALLEGEDLY CAUSED BY ANY ALLEGED ACTS OF NEGLIGENCE OF ANY ONE OR MORE PROTECTED PARTIES.
3. I further agree that if any portion of this Agreement is held invalid, the remaining portion(s) shall, notwithstanding, continue in full legal force and effect to the greatest extent permissible.
4. I intend that this Agreement shall bind the members of my family, if I am alive, and my family, estate, heirs, administrators, personal representatives, or assigns, if I am deceased. I agree to save and hold harmless, indemnify, and defend Protected Parties from any claim by me or my family, arising out of, resulting from, or relating in any way to participation of a Participant in the Program.
5. **I am 18 years of age or older and I am competent to contract in my own name.** I have read this Agreement, and I fully understand the terms, and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Agreement freely and voluntarily and that by signing, **I agree to a complete and unconditional release of all liability to the greatest extent allowed by law**.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

If Student/Participant is under 18 years of age: **Student/Participant: Parent/Guardian:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

**Student/Participant’s Banner ID No. (last 4 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**