

INSTITUTE FOR QUANTUM SCIENCE AND ENGINEERING ("IQSE") ASSUMPTION OF RISK/RELEASE OF LIABILITY/INDEMNITY

I, _____, the undersigned described below, understand and agree that the activities of the Institute for Quantum Science and Engineering, commonly called the "IQSE", an institute within the College of Arts & Sciences, Texas A&M University, in which I am a participant, involve certain known and unknown risks and that regardless of the precautions taken by the faculty, staff, and student mentors of the IQSE and the Salter Research Farm and its owners, property damage and/or personal injury may occur to me and/or others.

Specific risks/hazards may include but are not limited to the following: Driving or riding as a passenger in a motor vehicle, participating in team-building games and exercise, and participating in field trips, e.g. hiking, etc. The probability of injuries may be lessened by my adhering to these safety guidelines: Safe driving and passenger practices, following instructions from faculty, staff, and student mentors, abstaining from risky horseplay, and notifying faculty, staff, and student mentors promptly of any potentially dangerous conditions.

Knowing this information and in consideration of my participation in the IQSE and its related activities, I expressly and knowingly assume the risks associated with my participation in the IQSE and expressly release the faculty, staff, and student mentors of IQSE, Texas A&M University, its regents, directors, officers, faculty, staff, employees, and agents, the Salter Research Farm, and its owners, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any activity of or related to the IQSE caused by risks associated with said activity and/or the negligence of the IQSE, faculty, staff, or student mentors.

In addition, I understand and agree that the IQSE faculty, staff, and student mentors cannot be expected to anticipate or to control all the risks mentioned in this form but that they may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation in the activities of the IQSE with the express agreement that the cost of any such treatment will be my responsibility. I am informed that neither the Texas A&M University, the College of Arts & Sciences, the IQSE, nor the Salter Research Farm and its owners carry medical or accident insurance for the activities of the IQSE; therefore, I expressly agree to look to my own policies of health/accident insurance, if any.

Finally I voluntarily, knowingly, and expressly agree to protect, hold harmless, and indemnify Texas A&M University, the Salter Research Farm and its owners, the College of Arts & Sciences, IQSE, the faculty, staff and student mentors against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees, arising out of my participation in the IQSE, including but not limited to claims made by me, my estate, other participants, and their estates. It is my express intent that this release, indemnity, and hold harmless shall bind me and the members of my family if I am alive and my heirs, assigns and legal representative, if I am deceased and shall be governed by the laws of Texas.

This Assumption of Risk/Release of Liability/Indemnity does not apply to acts of gross negligence nor intentional torts committed by any person against me. I understand and agree that I am responsible for my own acts of negligence and intentional torts committed by me against another person.

I have read this Assumption of Risk/Release of Liability/Indemnity and have willingly signed it with a full understanding of its purpose. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement; otherwise, my legal guardian shall also sign this Release/Indemnity.

Date: _____

DOB: _____

Print Name: _____

Local Address: _____

Local Phone Number: _____

Signature: _____

Legal Guardian (if applicable):

Name: _____

Address: _____

Phone Number(s): _____

Signature: _____

In case of emergency contact:

Name _____

Relationship to student _____

Address _____

Phone number(s) _____

Health Insurance Company Name _____

Policy Number _____

Automobile Insurance Company Name _____

Policy Number _____

Please list any special services you may require due to an existing medical condition or physical disability: