

**TTUHSC Lubbock City Lights 5K 2019  
Participation Agreement, Release,  
Hold Harmless and Indemnification Agreement**

I, \_\_\_\_\_, have the opportunity to participate in the Lubbock City Lights 5K. I hereby acknowledge that the event may involve, but is not limited to the following physical activities: 5K run and 2K walk.

I am aware of and understand that participating in the Lubbock City Lights 5K may involve the risk of accident or injury, including the potential for serious injury or impairment to my general health and well-being, and I voluntarily assume all risks. Because of the inherent risks involved in the Lubbock City Lights 5K, I acknowledge and understand the importance of following all rules and regulations established by Texas Tech University Health Sciences Center and the Lubbock City Lights. I hereby agree to obey such rules, regulations, and instructions.

**IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE ABOVE ACTIVITY, ON BEHALF OF MYSELF, MINOR CHILD, MY REPRESENTATIVES, ESTATE, HEIRS, ASSIGNS AND NEXT OF KIN, I DO HEREBY RELEASE, ACQUIT, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS TEXAS TECH UNIVERSITY SYSTEM, ITS BOARD OF REGENTS BOTH INDIVIDUALLY AND COLLECTIVELY, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES (COLLECTIVELY "INDEMNITEES") FROM ANY AND ALL LIABILITY EVEN THAT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF INDEMNITEES FROM ANY AND ALL CLAIMS, ACTIONS, DEMANDS OR SUITS OF ANY KIND OR CHARACTER EITHER BY COMMON LAW OR STATUTE, WHETHER NOW RECOGNIZED OR NOT, AND INCLUDING, BUT NOT LIMITED TO, ANY COSTS EXPENSES OR PENALTIES.**

I have read this Participation Agreement, Release, Hold Harmless, and Indemnification Agreement and understand and voluntarily accept the terms. This Agreement shall be construed under the laws of the State of Texas and venue shall be in the state or federal courts of Lubbock County.

I certify that I **as Participant** am the age of 18 and have knowingly and voluntarily signed this Agreement. I further acknowledge and certify that I am in good physical health and do not know of any condition or reason why I should not participate in the Lubbock City Lights 5K.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please write legibly and complete all blank spaces

**Participant Name:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Local Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**University E-Mail:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_