

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

3601 4th St. • Lubbock, Texas 79430 • (806) 743-2900

“Red Bag” Campus Tour

Release of Liability, Assumption of Risk, and Indemnity Agreement

PLEASE PRINT OR TYPE

I, _____ have the opportunity to participate in the Texas Tech University Health Sciences Center “Red Bag” Campus Tour (Program). I am not required to participate in this program and do hereby affirm that my participation is voluntary.

I, the undersigned, am aware that the Program may involve risks inherent to a health sciences center research and medical facility, such as, but not limited to personal damage, injury, loss, or property damage or loss. Additionally, the Program may include the viewing of human organs, tissues, and permanent museum specimens demonstrating dissections of limited regions of the human body.

In consideration of being allowed to participate in this Program, on behalf of myself and my next of kin, heirs, and representatives, I execute this Release of Liability, Assumption of Risk, and Indemnity Agreement (Release) and release, waive, discharge, and will not hold liable Texas Tech University System, Texas Tech University Health Sciences Center, and their employees, appointees, regents, and representatives involved in this Program (herein after referred to as TTUHSC) from any and all causes of action or damages arising from or resulting from property damage, or personal injuries, sustained by me or my property while participating in the Program, including travel to, and from and during the Program.

I further agree, binding my next of kin, heirs, and representatives, to indemnify and hold harmless TTUHSC from any liability incurred or suffered by TTUHSC or individuals as a result of any act or omission by me while participating in the Program whether or not also caused in part by a person indemnified hereunder.

I agree that if any portion of this document is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely.

Participant’s Name of School

Participant’s Name

Participant’s Signature

Date

If Participant is a minor, I have read the above and agree to its terms and conditions on my own behalf and that of my minor child.

Parent/Guardian’s Name

Parent/Guardian’s Phone Number

Parent/Guardian’s Signature

Date