

Release and Indemnification Agreement

THE UNIVERSITY OF TEXAS AT BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE

21st Century Astronomy Ambassadors Program

Student's Name: _____

Parent/Guardian's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Program Year: **2006 - July 10, to August 02, 2006**

The 21st Century Astronomy Ambassador's Program is a summer program for high school students. It is held Mon-Fri 9:00am to 2:00pm from July 10, to August 02, 2006. It is located at the University of Texas at Brownsville. Students hear lectures in math and science; learn about careers in science and engineering; build and keep a 4.5 inch telescope; plan astronomy observations; conduct true scientific research; and become prepared to make presentations that will be held during the 2006-2007 school year.

I release The University of Texas at Brownsville, the 21st Century Astronomy Ambassador's Program, and their respective governing boards, officers, employees and representatives, from any and all liability to the student, the student's personal representatives, estate, heirs, family, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to the student, including his/her death, that may result from or occur during the student's participation in the program, whether caused by negligence of UTB/TSC, program's sites, their governing board, officers, employees, or representatives, or otherwise.

I also agree to indemnify and hold harmless the University, and their governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from the student's actions or omissions while attending program.

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE INJURY OR DEATH OF MY CHILD, OR FOR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE ATTENDING THE PROGRAM. I AGREE TO REIMBURSE THE UNIVERSITY FOR ANY LIABILITY FOR ANY PERSON'S INJURY OR DEATH AND PROPERTY DAMAGE CAUSED BY A NEGLIGENT OR INTENTIONAL ACT OMISSION BY MY CHILD.

Signature of Parent/Guardian

Date Signed

Address of Parent if different than student _____

Signature of Witness

Date Signed