

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS

PARTICIPANT: (Name and Address)

INSTITUTION:

Midwestern State University (MSU)

3410 Taft Boulevard

Wichita Falls, Texas 76308-2099

DESCRIPTION OF ACTIVITY: A university-authorized (MSU Theatre Department) theatrical performance that requires smoking as part of the artistic production. Tobacco-free and nicotine-free e-cigarettes and/or herbal cigarettes that do not contain a controlled substance under Texas law will be used.

THEATRICAL PERFORMANCE (SHOW): _____

LOCATION: MSU's Fain College of Fine Arts Main Theater

DATES: Includes all rehearsals beginning on _____ and all performances through _____.

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity. I acknowledge that the nature of the Activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity, I hereby accept all risk to my health and of my injury or death that may result from such participation.

I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the Institution and its 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 my negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date

Witness

Date