UNIVERSITY OF TEXAS AT ARLINGTON PARTICIPANT RELEASE AND INDEMNIFICATION AGREEMENT "CASEY'S CORNER" – SPONSORED BY LONE STAR FRIENDS OF ANIMALS

PARTICIPANT: (Name and Address)	

DESCRIPTION OF EVENT: Bark in the Park

LOCATION: Clay Gould Park and/or Allen Saxe Field

DATE(s): February 20, 2019 to May 30, 2019

I, the above-named Participant, am eighteen (18) years of age or older, or if a minor, I have obtained the written approval below of my parent or legal guardian, and am voluntarily participating in Bark in the Park (the "Event"). I understand that the actions of myself or others (or their animals) at this event may result in anticipated or unanticipated injuries, damage or harm to myself, my animal, others and/or their animals, and I hereby voluntarily accept those risks. I acknowledge and assume any and all risks associated with my participation in this event, whether known or unknown, including, but not limited to, risk of personal injury or death, or damage to myself, any other human being, or any animal(s), however sustained and whether or not related to illness, travelling to or from the event, falls, contact with spectators at the event, contact with animals, the effects of the weather, including extreme temperature or humidity, the condition of any area or part of Clay Gould Ballpark and/or Allen Saxe Field, including sidewalks and parking lots, or the manner or method in which the Event is administered. I fully appreciate all of the risks stated.

I represent that any animal accompanying me to the event has received the required vaccinations (Rabies, Bordatella, DHPP and Parvo or DHLPP, which combines DHLP and Parvo) from a licensed veterinarian and are current.

I AGREE TO ABIDE BY ALL RULES AND REULATIONS RELATING TO MY AND MY ANIMAL'S PARTICIPATION IN THIS EVENT. INCLUDING BUT LIMITED TO VACCINATION, AGE, HEALTH AND BEHAVIOR REQUIREMENTS FOR MY ANIMAL.

In consideration of my participation in the Event, on behalf of myself, my family, heirs, and personal representative(s), I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas at Arlington, the UT System, its Board of Regents and their officers, employees, and representatives (collectively the "Releasees") 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 loss of or damage to my property, and for any and all illness or injury to my person or my animal, including my death or the death of my animal, that may result from or occur during my participation in the Event, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s), or animals, and damage to property that may result from my negligent or intentional act or omission, including negligent supervision of my animal, while participating in the described Event.

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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, INCLUDING ANIMALS, THAT OCCURS WHILE PARTICIPATING IN THE EVENT AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY, INCLUDING ANIMALS, CAUSED BY MY NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS AND/OR THE ACTIONS OF MY ANIMAL.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing indemnification, waiver of liability and hold harmless Agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that UT Arlington does not require me to participate in this Event, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age, or have obtained the written approval below of my parent or legal guardian, and am fully competent to sign this Agreement; and that I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my, participation in the Event.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Participant	Signature of Witness
By:	By:
Printed Name:	Printed Name:
Date:	Date:
Parental/Guardian Consent: (Must be composite of the composite of the consent). I hereby certify that I am the parent or legal guarderstand the above statements and agree to the consent of the consent	ardian of the above named participant and I have read and
Signature of Parent/Guardian	Signature of Witness
By:	By:
Printed Name:	Printed Name:
Date:	Date:

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