## RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

PARTICIPANT: (Name and Address)	INSTITUTION:	
	The University of Texasat SFA	
DESCRIPTION OF ACTIVITY OR TRIP: Academy and Ride Along	UT System Police Department at SFA Citizens' Police	
LOCATION: UTS at SFA Campus	DATE(s): Wednesdays; February 4 – April 15, 2026	
above Activity or Trip. I acknowledge that the natu	or older and have voluntarily applied to participate in the ure of the Activity or Trip may expose me to hazards or risks ath and I understand and appreciate the nature of such hazards	
In consideration of my participation in the Activity or death that may result from such participation.	or Trip, I hereby accept all risk to my health and of my injury	
of Regents), officers, employees and representat liability to me, my personal representatives, esta and causes of action for loss of or damage to my person, including my death, that may result from	governing board (The University of Texas System Board ives, in their individual and official capacities, from any ite, heirs, next of kin, and assigns for any and all claims property and for any and all illness or injury to my in or occur during my participation in the Activity or Trip, THE INSTITUTION, ITS GOVERNING BOARD, ATIVES, OR OTHERWISE.	
University of Texas System Board of Regents), off	above-named Institution and its governing board (The icers, employees, and representatives, in their individual and eath of any person(s) and damage to property that may result hile participating in the described Activity or Trip.	
ALL CLAIMS AND CAUSES OF ACTION FO PROPERTY THAT OCCURS WHILE PARTIC		
Signature of Participant	Date:	
Witness	Date:	