

TAMU Student Chapter of the American Welding Society
Trip to Houston Chapter Meeting
Assumption of Risk/Release of Liability Form

I, _____, understand and agree that the trip to Houston with the **TAMU Student Chapter of the American Welding Society (AWS)** of which I am a member, involves certain risks that regardless of precautions taken by AWS, some bodily injury may occur.

Specific risks/hazards involved in the trip included but not limited to:

1. Driving to and from Houston Chapter meeting
2. Overeating

Adhering to the below safety rules or procedures may lessen the likelihood of such injuries:

1. Selected drivers through advisor
2. Obeying all traffic laws

Knowing this information, in consideration of my participation in this trip from AWS, I **expressly and knowingly** release AWS, its representatives, officers, advisors, and agents; the Texas A&M University System, the State of Texas; its officers and employees, from all claims and causes of action from property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of AWS caused by **risk associated by this activity and/or the negligence of the sponsoring group**. Participant acknowledges that AWS and the University/State are separate legal entities and should be treated as such.

In addition, I understand and agree AWS cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. **Neither the University nor AWS** carry medical accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I **voluntarily and knowingly** agree to **protect, hold harmless, and indemnify** AWS, its representatives, officers, advisors, and agents; the University, the State of Texas; its officers and employees against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the trip with AWS.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older, and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

Date: _____ D.O.B.: _____

Print Name: _____ ID #: _____

Signature: _____ Phone #: _____

Local Address: _____

In case of emergency, contact: _____

Relation to you: _____

At the following number: _____

Health Insurance Company Name: _____

Policy Number: _____

Please list any special services you may require due to an existing medical condition or physical disability: _____
