



TRY OUT- ADULT
PARTICIPANT'S COPY

Release and Indemnification Form

PARTICIPANT: (Name and Address)

INSTITUTION: The University of Texas at Austin
LOCATION: Lee and Joe Jamail Texas Swimming Center
ACTIVITY: Longhorn Aquatics Swimming or Diving Tryout
DATE: _____

CONTACT INFO:

Phone Number

E-mail address

SPORT: (please check one) *Swimming* *Diving*

I, the above-named Participant am 18 years of age or older and have volunteered to participate in the above-referenced 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 that 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 and 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 loss of or damage to Participant's property and 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 NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Printed Name

Date

Witness: TSC Entrance Monitor

Printed Name

Date

TEAM ASSIGNMENT:

Longhorn Aquatics Swimming	
	National/Elite (NE)
	Senior (SR)
	Age-Group Elite (AGE)
	Senior Longhorn (SRLH)
	Longhorn (LH)
	Junior Longhorn (JRLH)
	Pflugerville Gold
	Pflugerville Silver
	Pflugerville Bronze
	Masters Swimming

Longhorn Aquatics Diving	
	Podium Longhorn
	Elite Longhorn
	Intermediate Longhorn
	Coach's Select (Talent ID)
	Future Longhorn
	Masters Diving

Coach's Signature

Date



TRY OUT- ADULT

COACH'S COPY

Release and Indemnification Form

PARTICIPANT: (Name and Address)

INSTITUTION: The University of Texas at Austin

LOCATION: Lee and Joe Jamail Texas SwimmingCenter

ACTIVITY: Longhorn Aquatics Swimming or Diving Tryout

DATE: _____

CONTACT INFO:

Phone Number

E-mail address

SPORT: (please check one) *Swimming* *Diving*

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Longhorn Aquatics Diving	
	Podium Longhorn
	Elite Longhorn
	Intermediate Longhorn
	Coach's Select (Talent ID)
	Future Longhorn
	Masters Diving

Coach's Signature

Date