



THE UNIVERSITY *of* NORTH TEXAS
HEALTH SCIENCE CENTER *at* FORT WORTH

**CONSENT FOR PARTICIPATION
IN A PROGRAM OR ACTIVITY ON THE UNTHSC CAMPUS**

This document must be completed, signed and returned to the Event Organizer two weeks prior to arrival on campus

Participant's Name: _____ Date: _____

Program Name: _____ Program Dates: _____

Program Description: _____

I, the above named participant, certify that I am eighteen years of age or older and have voluntarily applied to participate in the above Program or Activity. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall on me as a participant in the UNTHSC program and related activities. I understand that I may view actual human remains during the program and related activities. I understand that I am not in any way required to participate in the program and related activities, and despite these risks, I want to participate in the preceding. In light of the preceding and with sufficient knowledge of physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which I may, in any way, sustain in connection with my participation in the program and related activities. In consideration of my participation in the program and related activities, I agree to release, indemnify and hold harmless the University of North Texas Health Science Center and its trustees, officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, "Claims") that I may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during, my participation in or attendance at the Program and related activities, including all Claims that are caused by my negligent or intentional acts and/or omissions, except to the extent any such Claims are caused by the negligence or willful misconduct of the employees of the University of North Texas Health Science Center.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Participant

Signature of Witness

Daytime Phone (Participant)

Date

Emergency Contact Name

Phone