

**Associated Schools of Construction
Region V
Student Competition**

Assumption of Risk/ Release of Liability/ Indemnity Form

I, _____ (*Name*), am a team member of the _____ (*University*) _____ (*Competition Team*). I understand and agree that the field trip to the Associated Schools of Construction (ASC) Region V Student Competition in Dallas, Texas, sponsored by the ASC and hosted by TEXO, The Construction Association, involves certain risks and that regardless of the precautions taken some injuries and property damage may occur.

Specific risks/hazards involved in the activity include, but are not limited to the following:

1. Injuries received during travel to and from the destination,
2. Injuries received during the trip,
3. Injuries received during the activities while on the trip, and
4. Property damage to my personal property while on the trip.
5. Loss or theft of my personal property while on the trip.

Knowing this information, in consideration of my participation in this activity, I **expressly** and **knowingly release** the ASC and TEXO, its representatives, officers, advisors, employees and agents from any and all claims and causes of action for property damage or loss, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the ASC and TEXO caused by **risks associated by this activity** and/or the **sole, joint, comparative or concurrent negligence or gross negligence** of the ASC and TEXO, its representatives, officers, advisors, employees and agents.

I acknowledge that the ASC and TEXO are separate legal entities and should be treated as such. In addition, I understand and agree they cannot be expected to control all of the risks articulated in this form and 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. I understand that the ASC and TEXO carries no medical or accident insurance for the activities mentioned. As such, I have reviewed my personal insurance.

Finally, I **voluntarily** and **knowingly** agree to **protect, hold harmless, and indemnify** the ASC and TEXO, its representatives, officers, advisors, employees and agents 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 this activity, whether caused by the **sole, joint, comparative or concurrent negligence or gross negligence of the released parties or others.**

I have read this agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. I am eighteen (18) years of age or older and I am competent to execute this agreement.

In case of emergency, contact _____ at the following telephone number _____.

Listed below are any special services that I may require due to any existing medical conditions or disabilities, including any food or medical allergies that I may have:

Signature _____ Date: _____

Print Name _____ ID #: _____

Phone #: _____ DOB: _____

Local Address: _____
