TRY OUT- MINOR
Release and Indemnification Form

PARTICIPANT’S NAME: ____________________________  CONTACT INFO: ____________________________
_________________________________________ ______________________________
_________________________________________ Phone Number ______________________________
Date: ___________________________ ______________________________
_________________________________________ E-mail Address ______________________________

SPORT: (please check one)  ______ Swimming  ______ Diving

I am the Parent/Guardian of the above-named Participant who is under 18 years of age and I am fully
competent to sign this Agreement. I give permission for Participant to participate in the above-
referenced Activity. I acknowledge that the nature of the activity may expose Participant to hazards or
risks that may result in Participant’s illness, personal injury or death and I understand and appreciate
that nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to
my Participant’s health and of his/her 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 Participant, Participant’s 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 Participant’s person, including his/her death,
that may result from or occur during Participant’s 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 Participant’s 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 PARTICIPANT’S 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 THE PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

_____________________________  ___________________________  ___________________________
Signature of Parent/ Guardian       Printed Name            Date
TEAM ASSIGNMENT:

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<tr>
<th>Longhorn Aquatics Swimming</th>
<th>Longhorn Aquatics Diving</th>
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<td>National/Elite (NE)</td>
<td>Podium Longhorn</td>
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<td>Senior (SR)</td>
<td>Elite Longhorn</td>
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<td>Age-Group Elite (AGE)</td>
<td>Intermediate Longhorn</td>
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<td>Senior Longhorn (SRLH)</td>
<td>Coach’s Select (Talent ID)</td>
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<td>Longhorn (LH)</td>
<td>Future Longhorn</td>
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<td>Junior Longhorn (JRLH)</td>
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____________________________________________  ___________________
Coach’s Signature                        Date