



**SOUTH TEXAS
COLLEGE**

STUDENT ACTIVITIES & WELLNESS

**Accident Waiver and
Release of Liability Form
Acknowledgement of
Risk Statement
for students under 18**

In consideration of being allowed to participate in any way in the Intramural Sports leagues, tournaments, or contests hosted by South Texas College, related events and activities, the undersigned by signing this waiver:

1. I understand that, as a participant of Intramural Activities at South Texas College, there exists the possibility that I, as a participant, may incur an injury, the nature of which may be serious enough to have long-term or permanent disabling effects.
2. I hereby recognize and acknowledge that South Texas College does not carry health and/or hospital insurance for students. I understand that I may purchase insurance on my own through an agent of my choosing. I further recognize that there are certain risks inherent in the participation of such recreational activities which I hereby voluntarily assume. Therefore, I hereby release and discharge South Texas College, its governing board, officers, faculty, staff, coaches, and other employees from all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, arising out of, or in any way connected with, any bodily injury sustained by the participant whether such injury results from the negligence of the aforesaid persons or from some other cause.
3. I understand that photographs may be taken and used by the college. I hereby release any and all claims of said photos to South Texas College.
4. I authorize the Office of Student Activities and Wellness to verify my enrollment at South Texas College. I also acknowledge that falsifying any information may result in disciplinary action against me by the college.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Participant's Name: _____ **Age:** _____

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Early College High School Name: _____ **Student ID#: A** _____



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STATEMENT OF EQUAL OPPORTUNITY

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status or disability.

Individuals with disabilities requiring assistance or access to receive services should contact disABILITY Support Services at 956-872-2513.