

**EDUCATIONAL TALENT SEARCH  
ANNUAL AUTHORIZATION & RELEASE FORM**



Student: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

**Participation & Field Trip Liability Waiver**

As the parent and/or legal guardian of the student listed above, I authorize and permit my child to participate in any and all academic year component activities (classes, tutorials, workshops, field trips, work study internship, meetings and events, etc.) sponsored and/or conducted by the Educational Talent Search (ETS) Program of the University of Texas Arlington. I also give permission for my child to be transported between his/her school, the University of Texas Arlington campus, and the scheduled events when the ETS program has scheduled events for its participants. I acknowledge the nature of such activities or trips may expose my child to hazards or risks that may result in his/her illness, personal injury or death, and I understand the nature of such hazards and risks.

In consideration of my child being permitted to participate in the activity or trip, I hereby accept all risk to his/her health and of his/her injury or death that may result from such participation, and I hereby release the University of Texas Arlington, its governing board, officers, employees and representatives from any and all liability to my child, his/her personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my child's property and for any and all illness or injury to his/her person, including his/her death, that may result from or occur during his/her participation in the activity or trip, whether caused by negligence of the University of Texas Arlington, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas Arlington, 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 child's negligent or intentional act or omission while participating in a program activity, event or trip.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my child's injury or death or damage to his/her property that occurs while participating in ETS program activities or trips 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 child's negligent or intentional act or omission.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Media Publication Release Authorization**

I hereby grant the ETS Program of the University of Texas Arlington full and absolute permission and all rights to copyright, publish, display, and use for any legal purpose or all photographs, together with descriptive text or statements, in which myself, my property or my child appear.

**Internet Use Release**

I hereby grant permission for my child to access networked computer services such as Internet, World Wide Web, and electronic mail at the computer labs of the University of Texas Arlington.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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