



Renee Block, ARM  
RISK MANAGER

### Release and Hold Harmless Agreement

I desire to have my child, \_\_\_\_\_, use the facilities and equipment of Rice University, and in consideration thereof, I hereby agree as follows:

1. I release and hold harmless Rice University, including, but not limited to, its trustees, officers, employees, representatives, agents and affiliates, from any and all liabilities, personal injuries, and damage to or loss of personal property arising, directly or indirectly, in connection with my child's use of the facilities and equipment of Rice University.
2. My child has medical/hospitalization insurance with \_\_\_\_\_ company, policy number \_\_\_\_\_. I understand that should my child require medical treatment, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I consent to such treatment for my child as may be deemed necessary under the circumstances, including, but not limited to, x-ray examinations, surgery and anesthesia. Any expense not covered by insurance shall be my sole responsibility.

By signing below I certify that I understand and agree to abide by the release of liability and medical authority as set forth above.

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_

Emergency Contact  
Information: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Please complete and fax this form to 713-348-4500\***