



# THE UNIVERSITY OF TEXAS AT EL PASO

## STUDENT TRAVEL RELEASE AND INDEMNIFICATION FORM

I, \_\_\_\_\_,  
Student Name (print) Student UTEP ID #

intend to travel and participate in a University (UTEP) Organized or Sponsored event scheduled to depart on \_\_\_\_\_ and return on \_\_\_\_\_.

*In relation to my above referenced travel, I agree with and acknowledge the following:*

1. As I have informed UTEP that I do not have health insurance valid for use at medical facilities in the United States pursuant to my event-related travel, UTEP has advised me of my option to purchase medical insurance specific to my above referenced travel;
2. I am choosing not to purchase health insurance for my above referenced travel, though UTEP has advised me of my option and ability to do so;
3. I assume all risks, and I will be solely responsible, for any medical expenses that arise or relate to my decision not to purchase health insurance for my above referenced travel;
4. In consideration for my travel for the above referenced event and decision not to purchase related health insurance, on behalf of myself, my relatives, and assigns, I promise not to sue and agree to release from all liability UTEP, UT System, and the State of Texas, including their officers, employees, and volunteers, in their official and individual capacities, from all claims or causes of action which relate to my decision to travel without health insurance. **I further agree to indemnify, defend and hold harmless UTEP, UT System, and the State of Texas, including their officers, employees, and volunteers, in their official and individual capacities, from all claims or causes of action, including those brought by third parties, which relate to my decision to travel without health insurance.**

By signing this *Student Travel Release and Indemnification Agreement*, I affirm that I have read this entire document, and I fully understand and agree to all of its terms and provisions. I also agree and understand that this is a legally binding agreement, which I have signed knowingly and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date