

Sam Houston State University

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT: _____ **SAM ID:** _____
Name (last name, first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: _____

MODE OF TRANSPORTATION: _____

LOCATION(s) of activity or trip: _____

DATE(s) of activity or trip: FROM _____ 20 ____ TO _____ 20 ____