

Release of Liability
Trainee and Alumni Affairs

In consideration for The University of Texas M. D. Anderson Cancer Center allowing my child to participate in an educational program at its facilities, I, the undersigned, as

_____ of _____
(Relationship) (Minor)

a minor less than eighteen (18) years of age, hereby release and waive, on behalf of myself, my child, his/her heirs, administrators and assigns, any and all rights and claims of any nature that I may have against The University of Texas, its Regents, The University of Texas M. D. Anderson Cancer Center, and their agents, officers, staff, employees, and all persons for whom the State of Texas may be liable, for any and all injuries or damages that my child may suffer while participating in this program

from _____ through _____
(Date) (Date)

I understand this program may include laboratory work and such other activities as the staff supervisors of this program deem appropriate.

Parent or Guardian (print or type)

Signature of Parent or Guardian Date

Street Address

City State Zip Code

Home Telephone Number Work Telephone Number

Student's Date of Birth