

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
TRAVEL RELEASE AND
INDEMNIFICATION AGREEMENT**

As a student of the Texas Tech University Health Sciences Center (TTUHSC)
_____ (organization), I have the opportunity to participate in the
_____ (activity) located in _____ (city), _____ (state), from
_____ (date) through _____ (date).

I, the undersigned, am aware of the dangers associated with travel by motor vehicle, or other conveyance, and the possibility of injuries or death while in transit.