ASSUMPTION OF RISK, RELEASE AND WAIVER OF CLAIMS

PARTICIPANT Name: _____

PARTICIPANT Address: (Work unit)_____

PARTICIPANT Telephone Number: (Work #)_____

INSTITUTION: The University of Texas Health Science Center at Houston (UTHealth Houston)

DESCRIPTION OF EVENT: Pet Therapy with Faithful Paws Houston

LOCATION: UTHealth Houston School of Public Health, 1930 Old Spanish Trail, Houston, TX 77054

DATE: Friday, September 11, 2026

I, _____, hereby affirm that I am at least eighteen years of age and am fully competent to execute this Assumption of Risk, Release and Waiver of Claims. I acknowledge that the nature of the Event may expose me, as a Participant, to risks and/or hazards that may result in my illness, personal injury or other health concerns; I acknowledge and understand the nature of such risks and/or hazards, even if not described herein**.** I agree that I am participating voluntarily while knowing there are inherent risks involved in such activity, including but not limited to dog bites or scratches, property damage, or other health concerns.

In consideration of UTHealth Houston permitting me to participate in the Event, I hereby accept all risk to my health, and risk of my potential injury or other damages that may result from such participation. I further release UTHealth Houston, its governing board, officers, employees, agents, and representatives from any and all liability to me, and my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for : (1) any and all illness or injury to me and/or (2) damage to my personal property that may directly or indirectly result from or occur during my participation in the Event, whether caused by negligence of UTHealth Houston, its governing boards, officers, employees, agents, or representatives, or otherwise. By signing below, I also agree to abide by all UTHealth Houston policies, procedures, and instructions given by UTHealth Houston staff before, during, and immediately after the event.

I HAVE CAREFULLY READ THIS AGREEMENT. I ACKNOWLEDGE AND UNDERSTAND THIS DOCUMENT TO MEMORIALIZE MY ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND WAIVER OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY/ILLNESS OR FOR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED EVENT.

_____ _____

Signature of Participant Printed Name

_____

Date