

**TEXAS A&M UNIVERSITY RESEARCH PARK
EVENT INFORMATION**

Type of Event: _____
Date of Event: From: _____ To: _____ Time: _____
Sponsoring Organization: _____
Approximate # Attending: _____
Faculty Advisor (If applicable) _____ Phone # _____
Contact Person: _____ Phone # _____
Email: _____

COORDINATION SHEET

Email researchpark@tamu.edu or call 979-862-6437 for Research Park availability.

1. Transportation Services Special Events

Lynn Wiggs, Transportation Services Manager
Email: l-wiggs@tamu.edu
Date: _____ 862-6585 _____

3. Ground Maintenance

Krista Phillips, Grounds Administrative Supervisor
Email: krista.phillips@sscscserv.com
Date: _____ 845-2378 _____

3. University Police Department

Lt. Chad Houston, Special Events and Operations
Email: cchouston@tamu.edu
Maryann Weiderhold, Administrative Associate V
Email: maryann@tamu.edu
Date: _____ 845-2345 _____

****All events held in the Research Park (including use of roadways) must have prior approval. Please submit the events request form at least 14 days in advance of the event.***

For internal use only

Division of Research
Shannon Eyre
Senior Administrative Coordinator

Date: _____

TEXAS A&M UNIVERSITY RESEARCH PARK
Rules for Users of Research Park

1. Any request for the use of the Texas A&M University Research Park must be submitted two (2) weeks prior to the planned event.
2. The requesting organization/individual is responsible for all facilities used by the organization/individual.
3. Do not mark or paint instructions on street signs or other property of the Research Park; only masking tape may be used for marking directions and must be removed immediately following the event.
4. The area used by the organization/individual must be cleaned immediately following the event. All trash must be physically removed from the Research Park (do not place trash in Park receptacles). If the cleaning is not satisfactory, as determined by the Research Park staff, the requesting organization/individual will be charged a minimum cleaning fee of \$25.00.
5. Requesting organization/individual should understand that the sale of non-commercial packaged food items requires a food handler's permit for all persons involved.
6. As no public restroom facilities are located in the Park, when the event is scheduled to last more than three (3) hours, the requesting organization/individual must provide, at their expense, portable facilities. Research Park staff will determine location.
7. Requesting organization/individual must ensure that each participant in its activity has signed the Research Park's *Participant Waiver, Indemnification, and Medical Treatment Form*. The failure to meet this requirement is grounds for termination of permission to use the facility and/or the requesting organization/individual must indemnify Texas A&M University for any and all claims, including attorney's fees and expenses related to any claim, made as a result of the activity.
8. As no electrical power is in the Park for public use, no activities will be scheduled to begin, extend or be conducted during the hours of darkness. If electricity is required for sound systems, the requesting organization/individual must furnish their own generating system.
9. The requesting organization/individual agrees to provide continuous supervision of the event and to ensure that there is no abuse or violation of the laws of the State of Texas, or the rules and regulations of Texas A&M University.
10. No activities will be held on the Park streets which exceed the posted speed limit.
11. Research Park roads will not be closed or restricted for an event.
12. Fees may not be charged for events held at the Research Park.
13. Expressive activity in Research Park is permitted as set forth in the guidelines appearing in Appendix XI of the Texas A&M University Rules. See <http://student-rules.tamu.edu/append11>.

I have read the above and I take full responsibility for myself/my organization in complying with the terms stated in this document.

Signature of Person Responsible

Date

Phone



PARTICIPANT WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in an activity held at **Research Park** (herein referred to as "activity"), which is being sponsored by _____ (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, its members, officers, regents, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in said activity including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me.**

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)