

General Liability Release Form



1809 N Chaparral Corpus Christi TX 78401  
361-881-8827

Date \_\_\_\_\_

To Texas State Museum of Asian Cultures & Educational Center

Activity Chinese Collection Curation and Research

Participant Name \_\_\_\_\_

I completely understand and realize that participation in the above mentioned activity could include actions or tasks which might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the Texas State Museum of Asian Cultures & Educational Center and its representatives from all liability, costs, and damages which could arise from participation in the Activity above. I agree to accept financial responsibility for the costs related to emergency treatment and give my confirmation of the same by signing this document.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_