

CITY OF COLLEGE STATION WAIVER, RELEASE, AND INDEMNIFICATION

In consideration for participation, in any program, activity, or event, ("Activity") sponsored by, performed by, or in any way involving the City of College Station, Texas, ("City"), I as Participant, or if Participant is a minor, as parent or guardian of the minor Participant, ("I"), with the intention of legally binding myself, my heirs, executors, administrators, and assigns, do hereby acknowledge and agree to the following:

1.	actions, judgments, an which my heirs, execut of College Station, or volunteers, or employe injuries to property, re in Activity. I and my c	sly WAIVE, DISCHARGE, ANd executions, which I or my clors, administrators, or assigns a street departments, its agents, offices, created by, or arising out of all or personal, caused by or arising hild hereby personally accept ange, to myself, child, or my proper	nild ever had, or nay have, or clain eers, servants, suc of personal injurie sing directly or ind ad assume all risk	now have or may have, or in to have, against the City cessors, assigns, sponsors, is, known or unknown, or lirectly from participation and responsibility for any	
2.	injury which may be s participation in the Ac section is an indemni- departments, agents, o its departments, agents	o indemnify and hold City harm uffered by the Participant arisitivity. It is understood and ag by extended by the Participant efficers, servants, employees, or and cause of the resultant injury	ng out of or in an reed that the inde to indemnify an volunteers, from to oyees, or voluntee	y way connected with the mnity provided for in this d protect the City or its the negligence of the City, rs whether that negligence	
3.	I hereby verify th	at Participant is in good physical	health and able to p	articipate in the Activity.	
4.	I have read and fully understand this WAIVER , RELEASE , AND INDEMNIFICATION further understand that by participating in the Activity, I will have waived substantial rights.				
5.	I further authorize the City's employee or agent supervising this Activity to secure medical care the event of injury. I and my child agree to assume liability for payment, and hold harmless the City, officers, employees, sponsors, volunteers, or agents, of medical expenses arising from said medical cafor said injury.				
6.	I hereby give the City the right to photograph, televise, film, and sound record my child's acts appearances and utterances of me and to use any descriptive words or names, including my name is conjunction therewith and without limit as to the time, to produce and reproduce the same or any part thereof by any method and to use for any purpose which the City deems proper. All such photographs films and sound recording shall be the exclusive property of the City and I and my child hereby relinquist all rights, title, and interest therein.				
,	C ,	nis WAIVER, RELEASE, and and with full knowledge of its signi		ION and understand all its	
Partici	pant Name:	Phone:		Date:	
Name Parent/Guardian		Relation	Relationship to Participant:		
Signati	are of Participant/Parent of	r Legal Guardian of Participant:_			