

Release of Liability Form

I, _____, have upon my own free will, requested to participate in the Lewisville Police Youth Cadet Post #2184 "Life on the Beat" Competition. I fully understand and assume all risks by me entering this release and indemnification and by participating in the Lewisville Police Explorer Post #2184 "Life on the Beat" Competition to be held on June 25, 2022.

In consideration of being allowed to participate, I voluntarily and knowingly execute this release and indemnification with the express intention of effecting the extinguishment of any and all claims against the City of Lewisville, Texas, Lewisville Independent School District, Convergence, and Medical City of Lewisville, and their departments, officers, employees, agents, successors, assigns, sponsors and volunteers assisting in this activity, which may result from the agreement as herein designated above.

I, with the intention of binding myself, my heirs, executors, administrators, and assigns, do hereby expressly release and discharge, all claims, demands, actions, judgments, and executions which I ever had, or now have or may have, or which my heirs, executors, administrators, or assigns may have, or claim to have, against the City of Lewisville, Texas, Lewisville Independent School District, Convergence, and Medical City of Lewisville, and/or their departments, agents, officers, servants, successors, assigns, sponsors, volunteers, or employees, created by, or arising out of personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, that sequence of events which occur from my participation in the event as herein designated above, or which may arise directly or indirectly from my participation in this event and, I SHALL FULLY DEFEND, PROTECT, INDEMNIFY, AND HOLD HARMLESS THE CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, AND MEDICAL CITY OF LEWISVILLE, AND/OR THEIR DEPARTMENTS, AGENTS, OFFICERS, SERVANTS, EMPLOYEES, SUCCESSORS, ASSIGNS, SPONSORS, OR VOLUNTEERS FROM AND AGAINST EACH AND EVERY CLAIM, DEMAND, OR CAUSE OF ACTION AND ANY AND ALL LIABILITY, DAMAGES, OBLIGATIONS, JUDGMENTS, LOSSES, FINES, PENALTIES, COSTS, FEES, AND EXPENSES INCURRED IN DEFENSE OF THE CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, AND MEDICAL CITY OF LEWISVILLE, AND/OR THEIR DEPARTMENTS, AGENTS, OFFICERS, SERVANTS, OR EMPLOYEES, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURIES AND DEATH IN CONNECTION THEREWITH WHICH MAY BE MADE OR ASSERTED BY MYSELF, MY AGENTS, MY SUCCESSORS, MY ASSIGNS, OR ANY THIRD PARTIES ON ACCOUNT OF, ARISING OUT OF, OR IN ANY WAY INCIDENTAL TO OR IN CONNECTION WITH MY PARTICIPATION IN THIS EVENT AND, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, AND MEDICAL CITY OF LEWISVILLE, AND/OR THEIR DEPARTMENTS, AND/OR ITS OFFICERS, AGENTS, SERVANTS, EMPLOYEES, SUCCESSORS, ASSIGNS, SPONSORS, OR VOLUNTEERS FROM ANY LIABILITIES OR DAMAGES I MAY SUFFER AS A RESULT OF CLAIMS, DEMANDS, COSTS, OR JUDGMENTS AGAINST CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, AND MEDICAL CITY OF LEWISVILLE, AND/OR THEIR DEPARTMENTS, ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES, CREATED BY, OR ARISING OUT OF FROM MY PARTICIPATION IN THIS EVENT INCLUDING, BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF THE CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, MEDICAL CITY OF LEWISVILLE, TEXAS LAW ENFORCEMENT EXPLORER ADVISOR ASSOCIATION, BOY SCOUTS OF AMERICA, LEARNING FOR LIFE OR ANY OTHER PARTICIPANT IN THIS EVENT. IT IS UNDERSTOOD AND AGREED THAT THE INDEMNITY PROVIDED FOR IN THIS SECTION IS AN INDEMNITY EXTENDED BY THE PARTICIPANT TO INDEMNIFY AND PROTECT THE CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, AND MEDICAL CITY OF LEWISVILLE, AND/OR THEIR DEPARTMENTS, AGENTS, OFFICERS, SERVANTS, OR EMPLOYEES FROM THE CONSEQUENCES OF THE NEGLIGENCE OF THE CITY OF LEWISVILLE, TEXAS, LEWISVILLE INDEPENDENT SCHOOL DISTRICT, CONVERGENCE, AND MEDICAL CITY OF LEWISVILLE, AND/OR THEIR DEPARTMENTS, AGENTS, OFFICERS, SERVANTS, OR EMPLOYEES, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF THE RESULTANT INJURY, DEATH, AND/OR DAMAGE.

I further authorize the City's employee or agent supervising this activity to secure medical care for me in the event of injury. I promise to assume liability for payment, and hold harmless the City of Lewisville, Texas, Lewisville Independent School District, Convergence, and Medical City of Lewisville, and/or their officers, employees, sponsors, volunteers, or agents, of medical expenses arising from said medical care for said injury.

I, the undersigned, have read this release and indemnification and understand all its terms. I execute it voluntarily and with full knowledge of its significance and agree that all indemnification language contained herein is unequivocal and conspicuous.

(Signature block on following page)

SIGNED THIS THE _____ day of _____, 20__ .

Signature: _____

Printed Name

Address

City

State

Zip Code

Telephone Number

E-mail Address

Lewisville Police Youth Cadet Post #2184 "Life on the Beat" Competition 2022

Event Name

Emergency Contact Name

Emergency Telephone Number

Parent or Guardian Signature, if volunteer is under 18 * See below for parent/guardian's responsibility*

NOTE: BY SIGNING AS A PARENT OR GUARDIAN, YOU AGREE TO BE FINANCIALLY RESPONSIBLE FOR AND BOUND BY ALL INDEMNIFICATIONS AND WAIVERS CONTAINED HEREIN.