

TRAVIS COUNTY

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND CONSENT AGREEMENT

I, _____, a person who is 18 years of age or older, or I, the parent or guardian of the Minor, _____, understand that the County of Travis, the Travis County Sheriff's Office (TCSO) and the Travis County Constable Precinct 2, its employees, agents, and assigns will assume no liability of any kind at all for any personal injuries, death, property damage, or any other claim that may be sustained by while participating in the **Central Texas Public Safety Cadet Competition**.

I hereby agree to release, waive, acquit, discharge and covenant not to sue Travis County, the TCSO and the Travis County Constable Precinct 2 and their officers, agents and employees from any liability, loss, damage, claim, demand, or cause of action against any or all the foregoing in any way arising out of or in connection with participation in this event. I also agree to release Travis County, the TCSO and the Travis County Constable Precinct 2 and their officers, agents, and employees from any claim whatsoever on account of first aid or medical treatment rendered for injuries sustained when treated for any purpose. This Agreement extends to any personal injury, wrongful death or property damage sustained in any way arising out of or in connection with participation in the Activities, whether the same shall arise by negligence or otherwise.

I hereby acknowledge that the activities associated with this event program may involve the risk of injury or death, including economic damages, which may result not only from my own actions, inactions and/or negligence but from the actions, inactions and/or negligence of others, the facilities, the equipment, or areas in which the activities are being conducted. I further assume all risks of personal injury to myself, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from participation in the Activities.

In addition to the foregoing, I AGREE TO AND SHALL INDEMNIFY AND HOLD HARMLESS TRAVIS COUNTY, THE TRAVIS COUNTY SHERIFF'S OFFICE, AND THE TRAVIS COUNTY CONSTABLE PRECINCT 2, AND THEIR OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS ARISING OUT OF OR IN CONNECTION WITH PARTICIPATION IN ALL RELATED ACTIVITIES.

I understand and agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I SIGN THIS AGREEMENT VOLUNTARILY.

I also understand that if I wish to rescind this Agreement, I may do so at any time in writing by sending a letter to the Travis County Sheriff's Office, P. O. Box 1748, Austin, Texas 78767, and such rescission will take effect upon receipt.

*If waiver is for a Minor, the below signature should be of the Parent or Guardian.

Printed Name: _____

Signature: _____

Date: _____

CONSENT TO EMERGENCY MEDICAL TREATMENT

CADET/EXPLORER/ADVISOR PERSONAL INFO.:

NAME: _____ DATE OF BIRTH: _____

EMERGENCY CONTACTS (in order of preference):

NAME	PHONE#	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

NAME OF PERSONAL PHYSICIAN: _____ PHONE#: _____

HEALTH/ACCIDENT INSURANCE: _____ POLICY#: _____

PLEASE LIST ANY MEDICATIONS/ALLERGIES:

I hereby CONSENT to whatever emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered reasonable and necessary in the best judgment of the emergency medical technician/paramedic and the attending licensed physician and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us or an alternate member of the family will be attempted. It is also understood that in the event of a serious illness or injury, the Cadet/Explorer/Advisor or the parental/guardian's personal medical insurance will be utilized first to cover all costs, treatments, surgeries, medical care, and any other expenses involved in the recovery of the Cadet/Explorer/Advisor.

*If Minor, the below signature should be of the Parent or Guardian.

Printed Name: _____

Signature: _____

Date: _____



Public Safety Training Center

4675 S. FM 1626 • Kyle, Texas 78640 • 512.223.1682

PSTC Field Training-Activity Waiver & Release of Liability Form

Participant information (please print):

Name: _____ Telephone: _____

Address: _____

Training Dates: _____

Emergency Contact:

Name: _____ Telephone: _____

I, _____ (print name), waive, release and discharge Austin Community College (ACC), its trustees, officers and employees from any claims, demands, costs, causes of action, or damage as a result of property loss or damage, or personal injuries sustained to myself during my participation in or traveling to and from locations for training or field activities. I understand training at the Public Safety Training Center can involve physical training, use of specialized equipment, self-defense tactics, driving, and firearms training which all may be inherently dangerous, and that I may be at risk of serious injury and/or death by participating in this training. I understand that my training at the Public Safety Training Center is voluntary. Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate and assigns. In the event that ACC or any trustees, officers, agents, employees or volunteers of ACC provides transportation for me, this Waiver and Release shall extend to and release any volunteer driver or employee from any aforesaid liability.

In the event that I become ill or have any type of accident or other emergency situation concerning my health, safety or well-being, I authorize ACC to obtain the services of a licensed physician to treat and administer medicine to me. By doing this I release and hold harmless ACC, its trustees, officers and employees, for any liability whatsoever that may result from negligence, nonfeasance or malfeasance that may arise as a result of the emergency and / or treatment.

I, the undersigned, hereby state that I am an adult over the age of eighteen (18) years, and that I am mentally competent to sign this release. I will notify ACC in writing if this status changes.

Student Signature

Date

Signature of Parent/Guardian

Date