

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

*North Central Texas College
Equine Science Program
Youth Summer Camp*

Participants Name: _____ Age: _____

Local Address _____

Phone (H) _____
(W) _____

IN CONSIDERATION of receiving permission to participate in the above named program, or any activity associated with the above named program I _____, do hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** North Central Texas College, any officers, servants, agents, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in said programs, or while in, or upon any premises where said programs are being conducted.

I am fully aware of the inherent risks and hazards connected with participating in activities with farm animals. I acknowledge that farm animals are unpredictable and potentially dangerous, and have a full understanding of the kinds of occurrences and hazards that may exist during or as part of my activities, including the potential for serious injury or death. I hereby elect to voluntarily participate in said programs, and to enter the above named premises and engage in such activity, knowing that the activity may be hazardous to me or my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, or otherwise.**

I FURTHER HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES, OR OTHERWISE.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be considered in accordance with the laws of the State of Texas.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT, AND SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATION, STATEMENTS, OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE; I AM AT LEAST EIGHTEEN (18) YEARS OF AGE, FULLY COMPETENT, AND I EXECUTE THE RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I give my permission, in the event that my family physician or dentist cannot be reached by phone, for releaseses to make appropriate arrangements for emergency care whether it be by a physician or dentist, or medical or dental facility should I become injured or ill while participating in this class. It is understood that I will assume any financial responsibility for any medical or dental expenses that may be incurred for said emergency or emergencies.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____, 20____, at Gainesville, Texas.

Witness Date And Participant Date

Parent or Guardian Sign (If Minor Child)

PARENTS NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMERGENCY CONTACT PERSON AND PHONE _____

ALLERGIES _____

FAMILY DOCTOR (Name and Town) _____

Optional Section. In case of an emergency or loss of consciousness by the student, medical personnel need to be aware of *any* prescription drugs you are currently taking. This information is *strictly* confidential.

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATION? _____

IF YES, WHAT KIND? _____

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.