

CONSENT AND RELEASE OF LIABILITY AGREEMENT

TEXAS FFA DAY OF SERVICE EVENT – Corpus Christi, Texas
(coordinated by Weimar FFA/Hannah Treptow)

Child's Name: _____

I am the Parent or Guardian of _____, and I consent to my child's participation in the FFA Day of Service Event in Corpus Christi, Texas. I acknowledge the risks and dangers associated with a volunteer service event including but not limited to insect bites, heat stroke, getting dirty, injuries caused by items left on or in the beach area. I have explained the risks to my child and provided instruction on how to deal with such risks. I waive any and all claims and agree to release, hold harmless and indemnify the City of Corpus Christi, Texas Parks and Recreation, Weimar FFA Chapter/ISD and Texas FFA Association, and its officers, officials, employees, representatives, and agents (collectively, the "FFA" and the "Releasees") on behalf of any injuries my child receives as a result of participation in the volunteer service event. In consideration of the Releasees permitting participation in this event, I further agree as follows:

- 1. To waive any and all claims that my child or I may have against the Releasees;***
- 2. To release the Releasees from any and all liability from any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my child's participation in the volunteer service event; and***
- 3. To hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third-party, resulting from my child's participation in the volunteer service event.***
- 4. I warrant that my child is in good physical health and has no condition that may affect his or her ability to participate in the event.***

I have read and understood this release of liability prior to signing it, and am aware that by signing this release of liability I am waiving certain legal rights which I or my heirs, executors, administrators and assigns may have against the Releasees.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Contact Telephone No: _____