

City Activity Liability Waiver and Photo Release
(Must be completed by ALL participants)

I VOLUNTARILY AGREE to accept and assume full responsibility and risks for damages to my property and any injuries, including death, illness, or disease to myself, spectators, and other third parties, arising out of my participation in this activity. I will consult with my physician if I feel my personal health history needs to be discussed prior to participation in this event.

I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE THE CITY OF COPPERAS COVE, AND ANY OTHER SPONSORS, ITS REPRESENTATIVES, EMPLOYEES, VOLUNTEERS AND OFFICERS FROM AND FOR ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CAUSES OF ACTION, WHICH ARE RELATED TO OR ARISE OUT OF OR CONNECTED TO MY PARTICIPATION IN THIS ACTIVITY INCLUDING ANY AND ALL NEGLIGENCE, FAULT OR STRICT LIABILITY OF ANY RELEASED PARTY OR SPONSOR FOR ANY AN ALL INJURY, DEATH, ILLNESS, DISEASE TO MYSELF AND DAMAGE TO MY PROPERTY. I FURTHER AGREE TO HOLD HARMLESS AND TO IMDEMNIFY EACH OF THE EVENT SPONSORS, INCLUDING THE CITY OF COPPERAS COVE, FROM ANY AND ALL DEFENSE COSTS, INCLUDING ATTORNEY FEES, OR FROM ANY OTHER COSTS INCURRED IN CONNECTION WITH CLAIMS FOR BODILY INJURY OR PROPERTY DAMAGE WHICH I MAY NEGLIGENTLY OR INTENTIONALLY CAUSE TO SPECTATORS OR OTHER THIRD PARTIES IN THE COURSE OF MY PARTICIPATION IN THIS ACTIVITY. IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR DIES, OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS ACTIVITY, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST ANY OF THE SPONSORS OF THIS EVENT EVEN IF ANY OF THE RELEASED PARTIES NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.

I VOLUNTARILY AGREE AND CONSENT AND GRANT PERMISSION TO THE USE OF PHOTOGRAPHS, RECORDINGS, VIDEO TAPE, OR ANY OTHER RECORDINGS OR RECORD OF THIS EVENT FOR ANY PURPOSE WHATSOEVER TO INCLUDE THOSE OF MYSELF AND/OR OF MY CHILD AND FURTHER GRANT PERMISSION TO THE CITY OF COPPERAS COVE TO USE SUCH PHOTOS AND RECORDINGS ON THE CITY WEBSITE, FACEBOOK, OR IN ANY OTHER MATERIAL OR MEDIA WITHOUT ANY COMPENSATION OR RENUMERATION.

I wish to participate voluntarily in the City of Copperas Cove **Hero Camp** for the purpose of personal fitness and improved health. I understand that participation in an exercise event is potentially hazardous and I assume all risks associated with my participation in the event. I understand that I should have medical approval from my health care professional before participating in this event or any other exercise program, particularly if I am overweight, obese or suffer from any one or more of the following conditions:

- Chronic health problems such as heart disease or diabetes;
- Pains in my heart and /or chest area;
- Feel dizzy or have episodes of severe dizziness;
- Bone or joint condition, like arthritis, that might worsen in an exercise program;
- High Blood Pressure;
- Have any physical conditions or problems that might require special attention.

I agree to accept full responsibility for any injuries I may sustain while participating in this event, and I hereby agree to release, indemnify and defend the City of Copperas Cove from any and all claims or liabilities of any kind arising out of my participation in this event. I, the undersigned below, understand that the City of Copperas Cove, its representatives, and employees are not responsible for any injuries, illness, or mental distraught that may arise from participation in the event.

PRINT NAME

SIGNATURE (PARENT/GUARDIAN IF ENTRANT IS UNDER 18)

DATE: ____/____/____