

**TRAVIS COUNTY SHERIFF'S OFFICE
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND
PARENTAL/GUARDIAN CONSENT AGREEMENT**

2009 FISHING DERBY

In consideration of the Travis County Sheriff's Office ("TCSO"), operating through the Community Outreach Division of that office, granting permission to _____ (the "Minor") to participate in various sports and related activities (the "Activities") sponsored by the Community Outreach Division, I, the parent or guardian of the Minor, hereby agree that the Minor may participate in the Activities and I, for myself, the Minor, all other parents or guardians of the Minor, and our successors, heirs, assigns, executors and administrators, hereby enter into this Release and Waiver of Liability, Assumption of Risk and Parental/Guardian Consent Agreement (this "Agreement") as of the date set forth below.

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

I hereby acknowledge that the Activities may involve the risk of injury or death, including economic damages, which may result not only from the Minor's 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 or the rules of play. I further assume any and all risks of personal injury to the Minor and myself, including medical or hospital bills, permanent or partial disability, death and damage to my property or the Minor's property, caused by or arising from participation in the Activities.

In addition, I grant to Travis County and the TCSO and its officers, agents and employees the following rights: (i) the right to take photographs, pictures, slides, movies or videos of the Minor, or to interview the Minor, in connection with the Activities without compensation; and (ii) the right to use any such photographs, pictures, slides, movies, videos, or interviews, together with the Minor's name, likeness, voice and biographical material (including personally identifiable information) about the Minor for purposes of publicity and promotion of the TCSO and its Community Outreach Division, and for any other legal purposes, including publication of such information on the TCSO website in and in any and all other media now known or hereafter developed. I understand that there are potential dangers associated with the posting of the Minor's personally identifiable information on a website, since global access to the Internet does not allow Travis County or the TCSO to control who may access such information.

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

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, Community Outreach, PO Box 1748, Austin, Texas 78767, and such rescission will take effect upon receipt.

Child's Name: _____ Parent/Guardian Name: _____

Signature of Parent/Guardian: (sign) _____ Relationship to child: _____

Date: _____ Emergency Contact #: _____

Email address: _____

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To register for this event, fax this form to (512) 854-4719 Attention: "Deputy Orts". Confirmation will be sent to the above listed email.