

THIS WAIVER MUST BE FILLED OUT BY EACH USER. WHERE THE USER IS UNDER THE AGE OF 18, A WAIVER MUST BE FILLED OUT BY THE MINOR'S PARENT OR LEGAL GUARDIAN.

**LANDMARK COMMUNITY CENTER
FORT BEND COUNTY PARKS AND RECREATION FACILITIES**

ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT

Notice: This is a legally binding agreement. Please read it thoroughly and understand its contents.

THIS **ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT** sets forth the terms and conditions applicable for use of the facilities at **LANDMARK COMMUNITY CENTER** (herein referred to as "Activity"), located at 100 Louisiana Street, Missouri City, Texas, with Fort Bend County.

As a guest, it is my desire to use the facilities at **LANDMARK COMMUNITY CENTER**, and I agree to abide by the rules during my visit. I understand that participation in Activity at **LANDMARK COMMUNITY CENTER** may involve several risks of injury including, but not limited to death, paralysis, and injury to virtually any aspect of my body. I understand and will assume all such risks of injury.

In consideration of the use of the facilities at **LANDMARK COMMUNITY CENTER** and equipment, I do hereby waive, release, covenant not to sue, and forever discharge Fort Bend County, and its officers, agents, employees, representatives, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or from use of equipment at said facility **including but not limited to loss, injury or death caused or contributed to by the negligence or gross negligence of Fort Bend County and/or its employees, officers, volunteers and agents.**

I agree as Parent/Guardian of the below named minor child to indemnify and hold harmless Fort Bend County, its employees, officers, volunteers and agents (collectively "the County") from and against any and all claims made by the minor child arising out of or caused by, directly or indirectly, from any physical injury, illness, death, pain or suffering, economic loss, that the minor child may suffer due to participation in this activity **including but not limited to loss, injury or death caused or contributed to by the negligence or gross negligence of Fort Bend County and/or its employees, officers, volunteers and agents.**

I certify that I have read this Agreement and agree with the contents of this Agreement. I presently have no physical infirmities or limitations that prevent me from exercising or participating in Activity safely. I agree that if any portion of this Agreement is held invalid or unenforceable, I will continue to be bound by the remaining terms. By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **ACKNOWLEDGEMENT OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT**; and that I sign it of my own free will.

Signature of Individual/Guardian: _____ Date: _____

Printed Name _____

Printed Name of Minor Child (if any) _____

Return original copy of form to Risk Management, Attn: Loss Control/Safety Specialist and one copy to remain at facility