



## Adopt-A-Spot Program Hold Harmless Release Form

ORGANIZATION AND/OR INDIVIDUAL: \_\_\_\_\_

ADOPTED PARK/SPOT: \_\_\_\_\_

In consideration of the privilege of participating in the Adopt-A-Spot program ("Program") and recognizing that the activities related to performance of the Program may involve certain inherent dangers, I attest and verify that I have full knowledge of the risks involved in the Program, that I solely assume those risks, that I will, without limitation, assume and pay any medical and emergency expenses in the event of an accident, injury, illness or other incapacity, regardless of whether I have authorized such expenses. I do hereby agree to assume the risks attendant to such activity, to include but not limited to: property damage or personal injury to *[myself / my child]* as a result of motor vehicle accidents or collisions on either public streets or private property; property damage and/or personal injury to *[myself / my child]* resulting from the acts, errors, omissions or negligence of the Town, Town employees, third parties, *[myself / my child]* or other Program participants.

Further, I, on behalf of *[myself / my child]*, and *[my / my child's]* heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims and causes of suit or action, known or unknown, whether arising now or in the future, that I may have against the Town of Flower Mound, and any other participating sponsors and officers, employees and agents of such parties, for any and all injuries, including death and property damage in any manner arising or resulting from my participation in the Program. Furthermore, I state that I have carefully read this release, know the contents of the release and signed the release of my own free will.

**I specifically agree to hold harmless and indemnify the Town for any and all claims by *[myself / my child]*, which may arise from, relate to or result from *[my / my child's]* participation in the Program. I agree to hold harmless and indemnify the Town for property damage and/or personal injury to any of its employees and agents as a result of *[my / my child's]* participation in the Program. I hereby waive all claims, release, indemnify, defend and hold harmless the Town, officials, agents and employees, in both their private and public capacities, from any and all liability, claims, suits, demands, or causes of action which may arise from *[my / my child's]* participation in the Program.**

I further agree that an electronic version or facsimile copy of this document containing my signature shall be just as binding and enforceable as the original signed document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Child's printed name: \_\_\_\_\_