



**CITY OF KERRVILLE
CITIZEN/STUDENT WAIVER OF LIABILITY AND RELEASE**



Name:		Date of Birth:	
Address:			
City, State, Zip:			
Home Phone:		Cell Phone:	
Texas Driver's License No.:			
In case of emergency, contact:			
Name:		Relationship	
Address:		City:	
Phone #:		Alt. Phone #:	

In consideration of being permitted to participate in a Departmental Tour or Job Shadowing Day with the City of Kerrville, I, _____, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge the City of Kerrville and its employees from and against any and all claims, demands, action or causes of action for costs, expense or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in the tour or this program including responsibility for using reasonable judgment in all phases of participation in the tour or this program and travel to and from the location. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of the City of Kerrville that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person in the workplace of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participant's Name

Participant's Signature

Date

Witness Signature

Date