

HARRIS COUNTY CONSTABLE PCT. 5

Release of Liability & Indemnity Agreement



DATE:____

STATE OF TEXAS

PARENT OR LEGAL GUARDIAN (If under 18)

SIGNATURE:____

Name (Print):_

COUNTY OF HARRIS	
I	, residing at,
(First, Middle, and Last Name)	(Street Address, City, State and Zip Code)
accompanying members of the Harris County Constables Office, Preci In consideration of this privilege and benefit of accompanying the Harris County Consideration of this privilege and benefit of accompanying the Harris County County (Industry), Release AND FOREVER DISCHARGE, Harris County (Industry), Release AND FOREVER DISCHARGE, Harris County (Industry), County (Industry), Release AND FOREVER DISCHARGE, Harris County (Industry), Release AND FOREVER DISCHARGE, Release AND FOREVER D	arris County Constable's Office, Precinct Five during the performance of their laters, executors, administrators, and assigns, hereby release and agree tenty, its officers, agents and employees from any and all actions, causes cling from property damage, personal injuries or death sustained by me or mean and all actions.
FOREVER DISCHARGE Harris County, its agents, officers and incurred or suffered by Harris County, or individuals as a resu	executors, administrators, and assigns, to INDEMNIFY, RELEASE AN employees, from any liability, action, claim, damage, award or judgmer it of any act or omission by me or caused by me while accompanying an ISED BY THE NEGLIGENCE OR OTHER FAULT OF THE COUNTY OR AN
In addition, by initialing each of the items below, I make the follow	owing representations and acknowledgements upon which I intend Harris
law enforcement duties, I am to be only an unarmed lay observer and powers or authority whatsoever other than those conferred by law upo and will under no circumstances interfere with any deputy or offer an custody or arrested by any deputy:	cinct Five Deputy, agent, officer or employee of Harris County during his/her bystander with no active role whatsoever, and that I will have no duties, rights, in any other person in like or similar circumstances as may arise from time to time by advice or counsel to any person being questioned, investigated, taken into agent, servant or employee of Harris County for any purpose, including, without
limitation any workers compensation, death or disability benefits;3. I realize that I may and will at unpredictable times be placed i that neither Harris County, nor any of its officers, agents, or employees	in both foreseeable and unforeseeable positions of considerable danger and agrees shall be obligated to take any steps or actions to protect my person or provide a tem of any duty to do so intending hereby to willfully and voluntarily assum
4. I agree that any information that I may gain will be used by r witness in any administrative or court proceeding, and I will not disclos subject to disclosure under Chapter 552 of the Texas Government Coo	ne only for my personal educational purposes except where I am summoned as the information that is not subject to public disclosure unless it is "public information".
free will and desire.	
ADDITIONAL WAIVERS FOR DEPA	ARTMENTAL PROGRAM APPLICANTS ONLY
procedures, however at no time shall I possess duties, rights, powers person. 2. I realize that some elements of the Citizens and Teen Police danger and I hereby release Harris County, its officers, agents, and elinherent in any situation and under all circumstances that may arise w	Academies I am to be a participant in activities involving law enforcement or authority whatsoever, other than those conferred by law upon any other Academies, and R.A.D. class, by their very nature, present an elevated level of mployees from all liability and hereby willfully and voluntarily assume all risk while participating. that I make this request, this waiver, and this promise of indemnity by my own
	E READ AND UNDERSTOOD EACH AND EVERY LIABILITY AND INDEMNITY AGREEMENT.
NAME (Print):	
SIGNATURE:	DATE:
WITNESS (Print):	
SIGNATURE:	