



The Harris County
Constable Pct. 5
Women's Self Defense Class
Release of Liability and Indemnity Agreement

STATE OF TEXAS
COUNTY OF HARRIS

I _____, residing at
(First, Middle, and Last Name)

_____, have been
(Street Address, City, State, and Zip Code)

granted, subject to my execution of this Release of Liability & Indemnity Agreement, the privilege, at my request and personal benefit, of attending the Harris County Constable Precinct 5 Women's Self Defense Class.

In consideration of this privilege and benefit of attending the Harris County Constable's Office, Precinct Five Women's Self Defense Class, I do by these presents for myself, my heirs, executors, administrators, and assigns, hereby release and agree to INDEMNIFY, RELEASE AND FOREVER DISCHARGE, Harris County, its officers, agents and employees from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries or death sustained by me or my property while accompanying him/her or them, EVEN IF SUCH DAMAGE, INJURY OR DEATH IS CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF HARRIS COUNTY OR ITS OFFICERS, AGENTS, OR EMPLOYEES.

I further agree by these presents for myself, my heirs, executors, administrators, and assigns, to INDEMNIFY, RELEASE AND FOREVER DISCHARGE Harris County, its agents, officers and employees, from any liability, action, claim, damage, award or judgment incurred or suffered by Harris County, or individuals as a result of any act or omission by me or caused by me while accompanying any employee, agent, or officer of the County, EVEN IF ALSO CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF THE COUNTY OR ANY AGENT, EMPLOYEE OR OFFICER OF HARRIS COUNTY.

In addition, by initialing each of the items below, I make the following representations and acknowledgements upon which I intend Harris County, and each of its agents, officers and employees to rely:

- _____ 1. I understand that I am not and will not be considered an agent, servant or employee of Harris County for any purpose, including, without limitation any workers compensation, death or disability benefits;
- _____ 3. I acknowledge that there are no medical or physical limitations that would hinder my ability to complete this course that I have not disclosed to Pct. 5 staff members.
- _____ 4. I represent that I am at least eighteen (18) years of age, and I make this request, this waiver, and this promise of indemnity by my own free will and desire.

If under 18 years of age this waiver must be signed by a parent of legal guardian.

BY SIGNING I DECLARE THAT I HAVE READ AND UNDERSTOOD EACH AND EVERY PART OF THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT.

PERSON PARTICIPATING

PRINTED NAME: _____ SIGNATURE: _____

DATE: _____

PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18

PRINTED NAME: _____ SIGNATURE: _____

DATE: _____