



Waiver, Release, and Consent to Medical Treatment

I, _____, for myself, my heirs, representatives, and assigns,

Please Print Full Legal Name

hereby agree as follows:

1. I acknowledge and understand that programs of this nature involve risks of personal injury and property damage, and that as a prerequisite to participate in a program of this nature, I am required to assume all such risks. I have full knowledge and understanding of the inherent risks associated with participation in recreational activities, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation in recreational activities and that said list in no way limits the operation of this Agreement. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation of recreational activities and that I and on behalf of the minor children listed below (if any) am voluntarily assuming said risks. I am aware that this waiver releases Aransas County and Aransas County Pathways from liability for injury or illness resulting from consumption of any food or beverage provided as part of this program. I acknowledge and understand that the goal of the Aransas County and Aransas County Pathways is to facilitate safe and enjoyable programs for all participants; the County does not guarantee the safety of participants.

2. I knowingly and voluntarily waive and release all rights and claims for any and all damages and injuries I may have against the Aransas County and its officers, agents, volunteers, and employees in connection with the event:

_____ on _____ (date).

3. I give permission to the Aransas County and Aransas County Pathways to use my photograph or image with or without my name for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotional activity. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Aransas County and Aransas County Pathways harmless of and from any and all liability of whatever nature which may arise out of result from such uses.

4. In the event of an accident or illness, I give permission to the Aransas County and Aransas County Pathways and its officers, agents and employees to obtain medical treatment that may reasonably appear to be necessary in the course of my participation in this program if I am unable to make that decision.

By signing below, I acknowledge that I have read the foregoing information, understand each provision, voluntarily agree, intend for my signature to indicate a complete release of all liability to the greatest extent allowed by law, and agree to be bound by these provisions.

Signature: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____