



***FOR RESIDENTS OR BUSINESS OWNERS OF THE TOWN THAT ARE AT LEAST 18 YEARS OLD.
TEN SESSIONS ARE HELD JANUARY THROUGH APRIL, FROM 6:30 P.M. TO 8:30 P.M. AT VARIOUS TOWN FACILITIES.***

I authorize the Town of Flower Mound to take photographs or video footage of me during the academy. I agree that any photos and video footage taken during the academy are the property of the Town of Flower Mound and for the sole use of the Town of Flower Mound as it may desire. I further specifically authorize the use of any photographs or video footage taken during the academy in any Town of Flower Mound publications, on Flower Mound Television, or on an official Town of Flower Mound Website. For more information, please contact 972.874.6075 or townsecretary@flower-mound.com.

In case of accident, injury, or sudden illness while participating in the academy, I authorize and consent to any first-aid or emergency medical care that is necessary to be administered to me, and I authorize and consent to my transport to a local medical facility.

RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration of the use and availability of the services and facilities, I agree to release, waive, and discharge any and all claims and damages for personal injury, death, or property damage that I have and that may hereafter accrue to me while participating in the academy. This agreement is intended to discharge, in advance, the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability that may arise while I am participating in the academy, even if that liability arises out of negligence or carelessness on the part of the Town, or its officers, employees, agents, co-sponsors or volunteers. I further agree to indemnify and hold harmless the Town, including its officers, employees, agents, co-sponsors or volunteers, from, against, and for any claims, suits, judgments, proceedings, losses, liabilities, damages, or expenses arising out of any injury, death or property damage that occurs while participating in the academy, even if the injury, death or property damage arises out of the sole negligence of the Town, or its officers, employees, agents, co-sponsors or volunteers. I understand that participation in the academy involves an element of risk and that there is potential for injuries or accidents. Knowing and understanding those risks, I hereby agree to assume those risks for myself. I further agree that this agreement to waive and release the Town from liability, to indemnify and hold harmless the Town, and to assume the risks of participating in the academy is to be binding on my heirs and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY, AS ACKNOWLEDGED BY MY AGREEMENT WITHIN THE REGISTRATION FORM. ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I UNDERSTAND THAT THIS IS A BINDING CONTRACT BETWEEN THE TOWN OF FLOWER MOUND AND ME.