



Effective Date: January 3, 2024
Expiration Date: January 3, 2026

RELEASE/AGREEMENT FOR PARTICIPANT

I, _____ ("participant"), an individual of _____, ("parent or guardian", if applicable), request that the Abilene-Taylor County Public Health District ("ATCPHD") allow me to participate in cooking classes offered by the Abilene-Taylor County Public Health District. The classes are to be held _____ ("location").

The participant hereby acknowledges that he or she is not an employee of ATCPHD and will not represent himself or herself as such. The participant understands and agrees that he or she will not receive any form of compensation or remuneration for these services. The participant also understands and agrees that he or she is not entitled to any benefits from ATCPHD including but not limited to health or life insurance, workers' compensation benefits, or unemployment benefits, any claim to such benefit or compensation being expressly waived by the Volunteer, her heirs, executors, or assigns.

The participant further agrees to indemnify, hold harmless and defend ATCPHD, their officers, agents and employees, from and against liability for any and all claims, liens, suits, demands, and/or actions for damages, injuries to persons (including death), property damage (including loss of use), and expenses (including court costs and attorney's fees), and other reasonable costs arising out of resulting from the cooking classes and participant's voluntary involvement in such in connection with or incidental to this release/agreement, including all such causes of action based upon common, constitution, or statutory law, or based in whole or in part upon the negligent or intentional acts or omissions of the Participant, including but not limited to her heirs, executors, or assigns.

The participant understands and agrees that ATCPHD may discontinue the cooking classes at any time with no prior or written notice.

By signing this release/agreement, the participant, and/or guardian of the participant, hereby warrants that he or she has read and understands the release/agreement and that it constitutes the only basis for the participant's involvement and there are no other agreements of any kind. The Participant and/or guardian understands and acknowledges that this release/agreement does not constitute a contract or relationship of any kind between ATCPHD and the participant.

The signature of the Participant and/or Guardian is affixed hereto of his or her own free will and accord without any inducement or reliance on any person or promise. The participant and/or guardian further warrants that he or she is of legal age and legally competent to execute this release/agreement.

The guardian of the participant, by signing below, gives their child (named above) permission to participate in the cooking class and understands and acknowledges the statements in this release/agreement. Although the event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, the guardian of the participant, by signing below, releases ATCPHD from any liability in case of illness or injury as a result of this activity.

PARTICIPANT:

(Signature)

(Printed Name)

(Date)

GUARDIAN:

(if participant is under the age of 18)

(Signature)

(Printed Name)

(Date)

WITNESS:

(Signature)

(Printed Name)

(Date)

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