

Adopt-A-Spot Program Hold Harmless Release Form

ORGANIZATION AND/OR INL	DIVIDUAL:
ADOPTED PARK/SPOT:	
recognizing that the activities reinherent dangers, I attest and very Program, that I solely assume the medical and emergency expense regardless of whether I have authentendant to such activity, to inclease [myself / my child] as a result of private property; property damage	of participating in the Adopt-A-Spot program ("Program") and elated to performance of the Program may involve certain verify that I have full knowledge of the risks involved in the mose risks, that I will, without limitation, assume and pay any in the event of an accident, injury, illness or other incapacity, norized such expenses. I do hereby agree to assume the risks tude but not limited to: property damage or personal injury to motor vehicle accidents or collisions on either public streets or and/or personal injury to [myself / my child] resulting from the ence of the Town, Town employees, third parties, [myself / my ts.
and assigns, forever release and suit or action, known or unknown the Town of Flower Mound, and agents of such parties, for any manner arising or resulting from r	my child], and [my / my child's] heirs, executors, administrators discharge any and all rights, demands, claims and causes of the whether arising now or in the future, that I may have against any other participating sponsors and officers, employees and all injuries, including death and property damage in any my participation in the Program. Furthermore, I state that I have the contents of the release and signed the release of my own
[myself / my child], which maparticipation in the Program. property damage and/or person [my / my child's] participatio indemnify, defend and hold hatheir private and public capacity.	rmless and indemnify the Town for any and all claims by ay arise from, relate to or result from [my / my child's] I agree to hold harmless and indemnify the Town for hal injury to any of its employees and agents as a result of n in the Program. I hereby waive all claims, release, rmless the Town, officials, agents and employees, in both ties, from any and all liability, claims, suits, demands, or se from [my / my child's] participation in the Program.
	c version or facsimile copy of this document containing my and enforceable as the original signed document.
Signature:	Date:
Printed name:	Child's printed name: