



RIVER LEGACY
FOUNDATION

Name: _____

Address: _____ City _____ ZIP _____

Email: _____ Phone: _____

In case of emergency, notify: _____ Phone _____

Liability Waiver & Photo/Video Release

I, _____, agree to release, indemnify and hold the River Legacy Foundation (RLF), Living Science Center (LSC), Hurricane Harbor (HH), the City of Arlington (City), Defender Outdoors Clay Sports Ranch (DOCSR), their officers, board, agents, employees and volunteers harmless for any and all liability claims, including but not limited to those involving personal injury and/or illnesses related to COVID-19 or loss of or damage to personal property, as well as all suits, demands, claims of loss, damages, attorneys fees, including all expenses for settlement, mediation or alternative dispute resolution, that may arise during and/or as a result of my tenure as a volunteer for RLF or LSC, including special event activities and other volunteer activities occurring off RLF/LSC premises. **The waiver, release, discharge and exculpation in this paragraph specifically include any suits, claims or damages arising as a result of any action or inaction taken by River Legacy Foundation (RLF), Living Science Center (LSC), Hurricane Harbor, the City of Arlington, Defender Outdoors, their officers, agents, servants, employees and representatives that constitutes negligence, whether sole or comparative, or more culpable conduct of any of them.** By signing I give my permission to be photographed or videotaped by River Legacy Foundation, its representatives or the news media. I give my permission for any such pictures to be used in any manner related to River Legacy Foundation, their programs, or special events. I also acknowledge that I shall not be paid any compensation in connection with this release.

Signature Date

Parent/Legal Guardian (if volunteer is a minor) Date