

City of Odessa
Assumption of Risk and Release Agreement

I, _____ am fully aware of dangers and risks involved
PLEASE PRINT CLEARLY

in Odessa Softball Association Activities, (herein referred to as the “Activity”) which includes but is not limited to, loss or destruction of my property, serious personal injury, or death and I choose to voluntarily participate in said activities with full knowledge and understanding that the Activity may expose me to such dangers and risks. **I THEREFORE AGREE TO VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL SUCH DANGERS AND RISKS** to which I may be exposed as a result of participating in the Activity.

I understand and agree that the City of Odessa cannot be expected to control all of said risks. In consideration for being allowed to participate in this Activity, I hereby expressly and knowingly **RELEASE CITY OF ODESSA, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF CITY OF ODESSA, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF CITY OF ODESSA, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I certify that I am physically and mentally able to participate in this Activity. I understand that if I am at all uncertain about my ability to participate in this Activity, it is my obligation to consult my personal physician. I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY City of Odessa, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney’s fees, arising out of my participation in this Activity, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF CITY OF ODESSA, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

City of Odessa shall notify me promptly in writing of any claim or action brought against it in connection with my participation in this Activity. Upon such notification, I, or my representative, shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: _____
(PARTICIPANT)

DATE: _____

DATE OF BIRTH: _____