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State of Texas
County of Harris

Waiver of Claims and Release of Liability

To: **Harris County Emergency Services District #1 ("the District")**

The undersigned, _____ (Date of Birth _____),
Desires to participate as an observer, with employees of the district, in responding to Emergency Medical
Service Calls and other calls for emergency service and in such connection state:

I fully understand that there are certain risks and dangers associated with observing emergency services,
including, but not limited to, traffic and traffic accidents, exposure to hazardous materials and situations,
exposure to blood, body fluids and other mediums capable of transporting disease. I understand that I may be
exposed to domestic violence with potential for harm due to weapons.

I have given this matter careful consideration and believe that the experience and educational benefit to be
gained by observing such activities are sufficient consideration for exposure to such risks and for me to waive
any and all claims and causes of action that I, or any derivative claimants, including persons with claims under
the Wrongful Death Act, might have against the District, the District's Board of Commissioners, and all
employees and agents of the District, which may arise out of my injury, illness or death, resulting or caused
directly or indirectly by participation in these activities, including those relating to the negligence of any of the
above parties.

Therefore, I do hereby waive and release any and all future claims or causes of action that I, or any of the above
potential claimants, may have against The District, its employees, Board of Commissioners, officers and agents,
for personal injury, illness or death which are connected to or related in any way to my participation in these
activities. This waiver does not extend to a waiver release of any such injuries that are caused by the gross
negligence or willful misconduct of any such parties.

I understand that the nature of all emergency responses I see at The District are confidential in nature and
activities of patients and emergency responses should not be shared or discussed outside The District.

With my signature below I have been given the opportunity to ask questions and seek clarification and
understand the content and context of the "Waiver of Claims and Release of Liability".

Executed this _____ day of _____, 20_____

Signature

Street Address

Print Name

City/State/Zip

Phone Number