



NO ONE DOES MORE FOR VETERANS.

VFW Post 10427  
8760 RR 2243  
Leander, Tx 78641

## INSURANCE WAIVER AND RELEASE FORM

IN CONSIDERATION of the risk of injury that exists while participating in the VFW Post 10427, Leander, Tx sponsored \_\_\_\_\_

(Hereinafter the "Activity"); And

IN CONSIDERATION OF my desire to participate in said Activity and being given the right To participate in same;

I HEREBY release and forever discharge **Robert John Leaman Veterans of Foreign Wars (VFW) Post 10427 located at 8760 Rural Route (RR) 2243, Leander, Tx 78641**, their affiliates, managers, members and volunteers from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity; and

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISK ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITION AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.**

I FURTHER AGREE to indemnify, defend, and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

**I FURTHER ACKNOWLEDGE** that Releasees are not responsible for errors, omissions, act or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment. I authorize the local City, County, State emergency services to provide emergency medical care deemed necessary including but not limited to, first aid, CPR, the use of AED's, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTANT THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE ROBERT JOHN LEAMAN VETERANS OF FOREIGN WARS (VFW) POST 10427, LEANDER, TX 78641 AND ALL OF IT AFFILIATES, MANAGERS, MEMBERS AND VOLUNTEERS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTAARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST JOHN ROBERT LEAHAM VETERANS OF FOREIGN WARS (VFW) POST 10427, LEANDER, TX 78641 FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case laws does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of **John Robert Lehman Veterans of Foreign Wars (VFW) Post 10427, Leander, Tx 78641**, it agents, and employees.

I agree that this Release shall be governed for all purposes by Federal, State, County and City law(s) without regard to any conflict of law principles. This release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness. I acknowledge and agree to be held liable for any and all cost associated with any such actions of neglect or recklessness.

**THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURIATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THE INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (Address, City, State, Zipcode)