



**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 at VFW Post 10427, Leander, Tx (Activity) 18th Annual Hill Country Shootout BBQ Cook Off Hereinafter the "Activity"); AND (Name of Activity, Special Event, ect.)

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 Lehman 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 Releasers 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 Releasers. 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.

