

**CITY OF DENISON
VOLUNTEER RELEASE OF CLAIMS AND WAIVER OF LIABILITY**

Please Print:

Applicant's Name

Address

Email address

Phone Number

Date of Birth

Gender (*circle one*) Male Female

Allergies: Yes No. If yes, what? _____

Physical Limitations: Yes No. If yes, what? _____

I, the undersigned hereby acknowledge that I have voluntarily applied to participate in the following described activity conducted by the City of Denison, hereinafter "the City," and will be utilizing facilities and/or equipment owned or controlled by the City. I understand that some activities for which I hereby wish to participate in may involve inherent risks, known and unknown.

In consideration of being permitted by the City to participate in _____ (hereafter, "the Activity") I, on behalf of myself and my heirs, executors, administrators, and assigns, do hereby forever release and hold harmless the City of Denison, its officers, employees, agents, assigns and successors from any and all claims, demands, damages of every kind, law suits, loss, judgments, costs, attorney's fees, and interest that arises out of or relates any acts or omissions of myself or of any other person or entity (singly or in combination), resulting in property damage, personal injury or death sustained by the undersigned and/or the undersigned's property while engaged in the Activity.

I make the following representations upon which I intend for the City to rely:

1. I am aware that at times I may be placed in both foreseeable and unforeseeable positions of danger and I am voluntarily participating in the Activity with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death and/or damage, theft, or loss to my property.
2. I expressly agree that this release is intended to be as broad and encompassing as permitted by the laws of the State of Texas and that, if any of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
3. I understand that being allowed to participate in the Activity is a privilege subject to revocation at any time by the City.

I AM OF LAWFUL AGE AND ACKNOWLEDGE THAT I HAVE READ THIS RELEASE AND UNDERSTAND IT. I EXECUTED THIS RELEASE VOLUNTARILY, WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE AND AS MY FREE ACT AND DEED.

Signature of Participant
or Parent of Participant if Participant is a Minor

Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	