

STATE OF TEXAS

CONSENT, RELEASE AND INDEMNITY FORM



COUNTY OF BEXAR

NOW THEREFORE, for and in consideration of the recitals stated herein,

The undersigned _____, _____
Name Address / State / Zip-Code

in consideration of the opportunity extended by Bexar County, Texas, does hereby voluntarily and knowingly execute this Consent, Release and Indemnity Form ("Releases") to allow the undersigned to film, at one of the Bexar County's Facilities, more fully described as follows:

Undersigned, with the express intention of binding himself and (his) dependents, heirs, executors, administrators, agents, and assigns (the "Releasers"), does hereby expressly RELEASE, QUIT CLAIM and DISCHARGE Bexar County and its employees and agents (the "Releasees") from any and all claims, demands, actions, damages, injuries, judgments, executions and causes of action of every name, kind of nature ("Actions") whether such damage or injury be to persons or property (including undersigned and his property) which Releasers may have or claim to have, whether known or unknown, past, present or future, against the Releasees which arise directly or indirectly out of Activities engaged in or to be engaged in by Undersigned.

Undersigned further agrees to fully INDEMNIFY, DEFEND and HOLD FOREVER HARMLESS the Releasees (i) from all Actions, regardless of whether or not any of said Actions are based upon the joint or concurrent negligent acts and/or omissions of any of the Releasees, which may be brought by or on behalf of any individual due to Undersigned's participation in and operation of any Activities, (ii) from all actions for contribution and/or indemnity which may be brought against the Releasees as a result of any Action for damages made or filed by or on behalf of Undersigned against another person or entity arising from an injury to person or property arising out of participation in and operation of any Activity and (iii) from all Actions which may be brought by or on behalf of any providers for medical and or legal services, including but not limited to claims for medical, hospital, drug, surgical, doctor's, nursing, convalescent, attorney's fees and related expenses, which were allegedly incurred directly or indirectly in connection with any injury to Undersigned which occurred while on County property.

This Release applies fully to and includes any and all injuries, or damages for (i) mental anguish, pain and suffering, and loss of consortium or companionship, whether past, present or Future and (ii) all claims for negligent supervision of participant and his/her dependents.

Undersigned, on his own behalf, represents and warrants that Undersigned is, to the best of his knowledge, in good health and physical condition, and is able to engage in the Activities without any danger of physical harm to himself or his well-being.

By execution of this release, Undersigned agrees to abide by all laws of the United States and the State of Texas, all ordinances, and to obtain all permits and licenses as required.

If, at any time, any part of this Release is found or held to be invalid, then such finding or holding shall not affect the validity of the remainder hereof. Any reference in this Release to the masculine or feminine gender includes both and any reference to the singular or plural includes the other.

I, the undersigned, have read this Release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Witness Signature

Name

Undersign Signature

Title

Date

SUBSCRIBED and SWORN to before me, the undersigned notary public, to certify which witness my hand and seal of office this _____ day of _____
Date Month Year

Notary Public in and for the State of Texas

Notary's Printed Name:

My Commission Expires: