

**CITY OF ODESSA
PARKS AND RECREATION DEPARTMENT**

Recreation Program Waiver and Indemnity Agreement

Activity: Learn To Fish Clinic
Location: Comanche Trail Pond

Date: _____

THE STATE OF TEXAS §

COUNTY OF ECTOR §

KNOW ALL MEN BY THESE PRESENTS:

THAT I, _____, for and in consideration of being extended the opportunity of participating in activities at Comanche Trail Pond, agree to protect, defend, indemnify and save the City of Odessa, its officers and employees harmless from and against all claims, demands and causes of action of every kind and character, without limit and without regard to the cause or causes thereof, or the negligence of any party or parties, including the negligence of the City of Odessa, its officers and employees, whether such negligence be joint or concurrent, for injury to or death of any person or damage to any property, arising out of or in connection with my activities under this agreement. Such indemnity shall not apply where the claims, losses, damages, cause of action, suits or liability arise from the sole negligence of the City of Odessa.

I agree that I do hereby assume all risks of injury to myself and my child participating in the program, and of loss or damage to personal property arising out of or incident to the above-mentioned activity. I further testify that I understand the program of activities in which I propose to engage. With this knowledge, I assume whatever risk such activities may entail or accrue to my person, child, property, or equipment.

I further assume sole responsibility for the supervision of my child while participating in the above-mentioned activity.

Printed Name _____

_____ Address

Signature _____

_____ Home Phone