

Arlington Animal Services Center Community Room Liability Form

Welcome to our program – we are happy you are here! Please complete the following information.

Name		
Address	City	Zip
Home Phone		
Driver's License Number		
Email Address		
Emergency Contact	Phone	e Number
Photo Release: I do hereby signify by my initials that I understand processed to the City of events. AUTHORIZATION AND RELEASE FORM KNOWN ALL BY THESE PRESENTS: BY SIGNING BELOW AS "RELEASOR", AND IN CONTROL AND ANIMAL SERVICES DEPARTMENT ("CITY USING ANY CITY PERSONAL, REAL, OR ANY OTHER REPRESENTATIVES, ADMINISTRATORS, AND ASSIGN	onsideration O Y") ACTIVITY OR R PROPERTY, I FO	Services Department for promotion of F PARTICIPATING IN ANY CITY OF IN CONSIDERATION OF RENTING OR OR MYSELF, MY HEIRS, EXECUTORS,
ALL CLAIMS, RELEASE, INDEMNIFY, AND HOLD HAD OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND CAPACITIES, FROM ANY AND ALL LIABILITY, CLAIM ALL EXPENSES OF LITIGATION AND/OR SETTLEMED DEATH OR DEBT OF ANY PERSON, OR FOR LOSS OF ARISING OUT OF OR IN CONNECTION WITH THIS CONTROL THE CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF FROM THE FROM THE NEGLIGENCE OF THE CITY OF AGENTS, EMPLOYEES OR INVITEES IN BOTH THEIR NEGLIGENCE IS SOLE NEGLIGENCE, CONTRACT NEGLIGENCE, GROSS NEGLIGENCE OR ANY OTHER FOR	ARMLESS THE CIDENTIFICATION OF THE CIDENTIFICATION OF LIAIT OF PUBLIC AND PETUAL COMPARA	TY OF ARLINGTON AND ALL OF ITS BOTH THEIR PUBLIC AND PRIVATE DS OR CAUSES OF ACTION INCLUDING ARISE BY REASON OF INJURY TO OR OR LOSS OF USE OF ANY PROPERTY INDEMNITY WILL APPLY WHETHER BILITY, ARISE IN WHOLE OR IN PART OR ANY OF ITS OFFICERS, OFFICIALS, RIVATE CAPACITIES WHETHER SAID ATIVE NEGLIGENCE, CONCURRENT
RELEASOR UNDERSTANDS THAT THIS WAIVER OF LI AS BROAD AS POSSIBLE AND AS INCLUSIVE AS PERM THAT IF ANY PORTION IS HELD INVALID, THEN THE I AND EFFECT. IT IS FURTHER UNDERSTOOD THAT EX INDEMNIFICATION WILL NOT CONSTITUTE A WAIVE IMMUNITY, WHERE APPLICABLE, OR ANY OTHER LA INDEMNIFICATION VOLUNTARILY AND WITH FULL I	ITTED BY THE LA BALANCE SHALL ECUTION OF THE R BY CITY OF THE WFUL DEFENSE.	WS OF THE STATE OF TEXAS AND CONTINUE IN FULL LEGAL FORCE S WAIVER OF LIABILITY AND E DEFENSE OF GOVERNMENTAL RELEASOR SIGNS THIS WAIVER AND
The undersigned does hereby acknowledge to have a this document, and to have approved all releases, perherein.		
Signature of Participant	Da	nte