



**Sea Center Texas
300 Medical Drive
Lake Jackson, TX 77566**

RELEASE OF LIABILITY AND ACCEPTANCE OF RISKS

I, _____ am the parent or legal guardian of a minor
(Printed name)

child named _____, age _____. I want my minor
(Name of minor child)

child to participate in a Sea Center Texas Day Camp, scheduled for _____
(Dates)

at Sea Center, Texas, a facility operated by the Texas Parks and Wildlife Department (TPWD).

I agree to abide by Sea Center Texas and TPWD's rules and conditions. If photographs, slides, interviews or video tapes are made of my child, I consent to the release of those images for use by TPWD and Sea Center Texas.

I grant permission for TPWD, its employees and volunteers to administer emergency first-aid to my child and transport him/her to the nearest physician, hospital, or clinic if needed.

IN CONSIDERATION FOR MY MINOR CHILD BEING ALLOWED TO PARTICIPATE IN THE SEA CENTER TEXAS ACTIVITY, I, FOR MYSELF AND ON BEHALF OF MY MINOR CHILD, VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS SEA CENTER TEXAS, TPWD AND ITS EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION IN ANY WAY RESULTING FROM MY MINOR CHILD'S PARTICIPATION IN THE SEA CENTER TEXAS ACTIVITY, INCLUDING DEATH OR INJURY TO MY MINOR CHILD AND DAMAGE OR LOSS TO PROPERTY, EVEN IF CAUSED BY

NEGLIGENCE OR GROSS NEGLIGENCE OF TPWD EMPLOYEES OR VOLUNTEERS.

I AGREE THAT I AND MY HEIRS, SUCCESSORS AND ASSIGNS WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY LAWSUIT AGAINST TPWD, ITS EMPLOYEES OR VOLUNTEERS ARISING FROM MY MINOR CHILD'S PARTICIPATION IN THE TPWD ACTIVITY.

ON BEHALF OF MY MINOR CHILD, I AGREE THAT HIS/HER PARENTS, GUARDIANS, HEIRS, SUCCESSORS AND ASSIGNS WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY LAWSUIT AGAINST TPWD, ITS EMPLOYEES OR VOLUNTEERS.

I AGREE TO DEFEND AND INDEMNIFY TPWD, ITS EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM OR LAWSUIT INSTITUTED BY ANY AND ALL PERSONS ON BEHALF OF MY MINOR CHILD. **THIS RELEASE IS INTENDED TO EXCLUDE TPWD, ITS EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY.**

I give permission for my child to be picked up by the following individual(s) other than myself:

Name Phone

Name Phone

Signature of parent/guardian of minor child Date: _____, 20__.

Parent/guardian address and phone number:

