LIABILITY RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that all persons are responsible for their own safety and security while participating in programs sponsored or hosted, by or at, the Museum of the Red River. While participating in any such program, I shall hold harmless the Museum of the Red River, Idabel Museum Society, Inc., Herron Foundation, Inc., the City of Idabel, as well as the staff and associates of these organizations, and any other agents or agencies, organizations, or any other parties engaged by the Museum, and/or its affiliates for furthering the purposes of any program, from any and all liability whatsoever, for any loss or damage of any kind to property or possessions, (including intangibles such as reputation, good will, personal relations, etc.) or injury of any kind to persons, pets, property, or possessions, while arriving at being on, or departing from the premises, or resulting from any and all actions which occurred or may have occurred on Museum premises.

Furthermore, should any travel beyond the premises be any part of any program of the Museum, this release from any and all liability applies to travel participation, to and at any event, place, or activity, regardless of manner of transportation from the premises of the Museum, during the time of the actual program, event, or activity, and subsequent return travel, whether direct or indirect, to the Museum.

I have notified the Museum of any special needs, limiting injuries, and/or all medical conditions that might affect participation in any activities and will exercise due caution in consideration of these activities. My participation is voluntary, and I assume all risks.

**I have read and understand the above liability release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian as evidenced by their signatures below. I accept:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_/\_\_/\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_/\_\_/\_\_\_\_