



# Emergency Services District #5

## Manchaca Fire/Rescue

P.O. 1239 Manchaca, Texas 78652

Administration: (512) 282 – 7057

Fax: (512) 282 – 4485



### ***Rider/Observer Release of Liability***

RELEASE AND IDEMNIFICATION AGREEMENT I, \_\_\_\_\_, fully understand that riding in an ambulance/fire apparatus is a dangerous activity which can result in personal injury and property damage. I realize that the risks inherent in riding in an ambulance/fire apparatus and observing emergency procedures include, but are not limited to, injury from collision, the administration of medical treatment to ambulance patients, firefighting activities and the proximity to medical ailments. I expressly assume all risks, including all personal injury and property damage, which may occur. Riders should be 15years of age or older.

In consideration for permitting me to ride in the ambulance/apparatus, I hereby release Travis County Emergency Services District #5, its directors, officers, shareholders, employees, agents, successors and assigns from any and all rights, claims, demands, action and causes of action of any nature whatsoever, whether arising in law or in equity, by reason of any matter, cause, happening, thing, act or omission and, in particular, but without limiting in any way the generality of the foregoing, I do hereby release Travis County Emergency Services District #5, its directors, officers, shareholders, employees, agents, successors and assigns from any liability for personal injuries or property damage suffered or sustained by me, whether caused by the inherent risks involved in riding in an ambulance/apparatus or caused either wholly or in part by the intentional or negligent act of its volunteers, employees, agents or representatives.

Furthermore, in consideration of permitting me to ride in the ambulance/fire apparatus, I agree to indemnify, defend and hold harmless Travis County Emergency Services District #5 for all liability caused either wholly or in part by me which results in personal injury or property damage including all losses, costs and attorney’s fees, claims and judgement. In addition, I agree to indemnify, defend or hold harmless Travis County Emergency Services District #5, its directors, officers, shareholders, employees, volunteers, agents, successors and assigns for all liability for any acts of omissions which result in personal injury or property damage including all losses, costs, attorney’s fees, claims and judgments whether committed either wholly or in part by the intentional or negligent acts or omissions of agents of Travis County Emergency Services District #5 or any other person. I also agree to pay all costs and attorney’s fees incurred in enforcing the terms of the release and indemnity agreement.

This release and indemnity agreement shall be binding upon me, my assigns, heirs and successors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Signature if under 18yrs of age

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date