

**Texas Military Forces & Adjutant General's Department
WAIVER OF LIABILITY**

I, _____ certify that I am the user and _____ eighteen (18) years old or older, _____ seventeen (17) years old or younger with parental consent, and have the authority and mental capacity to agree to the conditions set forth in this waiver. My signature below affirms my intent to participate in activities on property owned or managed by the Texas Military Forces.

I HEREBY AGREE TO INDEMNIFY, DEFEND, AND HOLD THE STATE OF TEXAS, TEXAS MILITARY FORCES AND/OR THEIR AGENTS OR ASSIGNS HARMLESS FROM ANY INJURY TO MYSELF OR OTHERS (AND ANY RESULTING OR RELATED CLAIM, ACTION, LOSS, LIABILITY, OR REASONABLE EXPENSE, INCLUDING ATTORNEY'S FEES AND OTHER FEES AND COURT AND OTHER COSTS) OCCURRING AS A RESULT OF THE USE OF EAGLE MOUNTAIN TRAINING FACILITY AND OR FORT WOLTERS TRAINING CENTER OWNED OR MANAGED BY THE TEXAS MILITARY FORCES. **THE INDEMNITY CONTAINED IN THIS PARAGRAPH (a) IS INDEPENDENT OF THE USER'S INSURANCE, (b) INSURANCE OF THIRD PARTIES, (c) WILL NOT BE LIMITED BY COMPARATIVE NEGLIGENCE STATUTES OR DAMAGES PAID UNDER THE WORKERS' COMPENSATION ACT OR SIMILAR EMPLOYEE BENEFIT ACTS, AND (d) WILL APPLY EVEN IF AN INJURY IS CAUSED IN WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OR STRICT LIABILITY OF THE STATE OF TEXAS, TEXAS MILITARY FORCES AND/OR ITS AGENTS OR ASSIGNS BUT WILL NOT APPLY TO THE EXTENT AN INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF SAME.**

USER'S FULL NAME: _____

USER'S PHONE NUMBER: _____

USER'S ADDRESS: _____

USER'S DATE OF BIRTH: _____ (If 17 yrs old or younger, must have parental signature below.)

USER SIGNATURE: _____ DATE: _____

USER PARENT FULL NAME: _____

USER PARENT SIGNATURE: _____