



**CITY OF FORT WAYNE  
HOLD HARMLESS AGREEMENT AND RELEASE**

I, \_\_\_\_\_ the undersigned, am the parent or legal guardian with the authority to execute this Agreement and Release on behalf of \_\_\_\_\_, who makes the following declarations: I am registered to participate in the following activity: **\_\_Read to the Animals/Literacy for Companionship\_\_**, offered by the City of Fort Wayne. The activity will take place on \_\_\_\_\_(date) at **\_FWACC\_**(location).

I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity(ies) supervisors, and/or coordinators and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with the City of Fort Wayne.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any City of Fort Wayne personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the City of Fort Wayne does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the City of Fort Wayne that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to release, indemnify and hold the supervisor(s) and coordinator(s) of this activity, City of Fort Wayne, Managers, Directors and Officers, administration, faculty and staff harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity(ies), even if due to the negligence of the City of Fort Wayne or any person serving in the above-identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the Terms and Conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

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Participant Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_

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Participant Address \_\_\_\_\_ Witness Address \_\_\_\_\_

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Date \_\_\_\_\_

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As a parent/guardian of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned I further agree to indemnify the City of Fort Wayne, its agents, officers and employees against any action brought against the City of Fort Wayne by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized TO EXECUTE THIS agreement and Release on behalf of the above-named minor.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Address (City,State,Zip) \_\_\_\_\_