

Laurel Heights United Methodist Church  
227 West Woodlawn Ave.  
San Antonio, TX 78212  
(210) 733-7156  
www.mylhumc.org

**RELEASE OF LIABILITY AND INDEMNITY TO  
LAUREL HEIGHTS UNITED METHODIST CHURCH**

I, \_\_\_\_\_, am of sound mind, am over the age of 18 years or older, and freely and voluntarily enter into this Release of Liability and Indemnity Agreement (hereafter referred to as the "Release") for the purposes herein expressed.

I fully understand and agree that my participation in the following activities at Laurel Heights United Methodist Church may increase the risks of accidental or other physical or emotional injury to me, including, but not limited to, the risks of loss or damage to personal property, injury or fatality.

Name / Type of Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have fully investigated the nature of these activities I will participate in and understand and assume fully the risks of participating in those activities. I understand any injuries I incur or damages I suffer from participating in these activities at Laurel Heights United Methodist Church are solely my responsibility.

I expressly agree and intend that my participation in these activities shall be undertaken **AT MY OWN RISK** and that neither Laurel Heights United Methodist Church or its employees, volunteers, trustees, directors, representatives, insureds or other affiliates or agents shall be liable or responsible in any manner for any injuries, damages, claims, demands, or actions or causes of action whatsoever that may arise out of or in connection with my participation in these activities, or the use of any of the buildings, equipment, or other property of Laurel Heights United Methodist Church.

I further agree and intend to **FOREVER RELEASE, DISCHARGE, AND FULLY INDEMNIFY, HOLD HARMLESS AND DEFEND** Laurel Heights United Methodist Church and all of the other parties released herein as stated above from any and all claims, losses, liabilities, causes of action, expenses, or other damages incurred as a result of any injuries or accidents arising from my participation in these activities. I accept full responsibility for any and all payments or expenses, medical or otherwise, that may become necessary as the result of any injuries or other damages to me from my participation in said activities.

The terms of this Release of Liability and Indemnity Agreement are to

governed and construed under the laws of the state of Texas. Should any term or provision of this Release be found to be unenforceable or void, in whole or in part, the balance of this Release shall remain in full force and effect. I agree the exclusive venue for any dispute involving this Release in any way shall be in Bexar County, Texas, and that the prevailing party in any dispute involving this Release shall be entitled to recover its attorneys fees from the other party.

The undersigned represents and warrants that he or she has the authority and capacity to execute this Release and has done so for the purposes therein expressed.

**AGREED TO AND ACCEPTED BY:**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address / Phone Number