

LIABILITY RELEASE AGREEMENT AND RESCUE CONTRACT

In exchange for being allowed to enter the property known as Government Canyon State Natural Area, I am freely signing this Liability Release Agreement and Rescue Contract. I understand that entering this wilderness property is potentially hazardous to my personal health and safety, and that I am incurring all of the risks associated with being in a wilderness area.

I understand and accept that my voluntary participation in activities at Government Canyon State Natural Area exposes me to all of the ordinary risks associated with such potentially hazardous recreational activities.

I agree that if I am injured, stuck, or otherwise require rescue and/or emergency medical transportation, **I WILL PAY THE COSTS OF SUCH RESCUE AND/OR EMERGENCY MEDICAL TRANSPORTATION** and I will reimburse the Texas Parks and Wildlife Department (TPWD) and/or others for the costs incurred in performing any rescue and/or emergency medical transportation on my behalf.

Understanding this I hereby **RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS** the TPWD, the Friends of Government Canyon State Natural Area, the Edwards Aquifer Authority, and the San Antonio Water System (collectively known as “the Parties”) their agents, volunteers, employees, officers, commissioners, and successors, from and against all liability, claims, demands, and judgments which I may have, or which my heirs, executors, administrators, or assigns may have or claim to have against the Parties, their successors, employees, officers, commissioners, or volunteers, for all personal injuries (including death), known or unknown or damage to property caused by or arising out of my activities at Government Canyon State Natural Area.

I am 18 years of age or over or I am a parent or legal guardian who is authorized to sign this release for the participant named below. I have carefully read this Liability Release Agreement and Rescue Contract or had it read to me and I understand all of its terms. I am signing voluntarily and with full knowledge of its legal consequences and of its personal risks to me.

Date _____

Participant (signed): _____

Participant (printed): _____

Parent or Guardian (signature when applicable): _____