

**PARENTAL
RELEASE AND ACKNOWLEDGEMENT OF ASSUMPTION OF RISK**

I hereby acknowledge and understand that under Texas law, beginning August 1, 2017, Central Texas College District's Texas campuses are locations where concealed handgun carrying is permitted. I understand that depending on the event activities, I and/or my child may encounter individuals who are lawfully carrying a concealed handgun.

In consideration for _____'s ("Child"), a minor, participation

Legibly print minor's name

in the Central Texas College sponsored **Killeen ISD Education Foundation 5K Fund Run, presented by The Carlson Law Firm AND/OR the Kid Fun Run at Central Texas College, on May 5, 2018** ("Activity"),

I/we, _____,

Legibly print all parents'/guardians' names

as the Parent[s] or Legal Guardian[s] of Child (collectively "Parent/Guardian") understand and agree that Activity may involve certain known and unknown risks, including but not limited to, motor vehicle incidents and injuries, personal injuries, medical care, administration of medicine, and loss or destruction of property of Child or Parent/Guardian.

In consideration for the benefits Child will receive through his/her participation in the Activity at Central Texas College, **PARENT/GUARDIAN ON BEHALF OF CHILD, MYSELF, MY HEIRS AND ASSIGNS, DO HEREBY EXPRESSLY AND KNOWINGLY RELEASE, AND AGREE TO HOLD HARMLESS, PROTECT AND INDEMNIFY CENTRAL TEXAS COLLEGE DISTRICT, ITS TRUSTEES, OFFICERS, DIRECTORS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS DEMANDS AND CAUSES OF ACTION, INCLUDING ATTORNEY'S FEES AND COSTS, THAT MAY ARISE DUE TO PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY CHILD OR PARENT/GUARDIAN ARISING OUT OF THE ACTIVITY, INCLUDING ALL NEGLIGENCE, MOTOR VEHICLE INJURY OR INCIDENTS, AND ALL ACTS CONDUCTED BY, OR UNDER THE AUSPICES OF CENTRAL TEXAS COLLEGE WHETHER CAUSED BY THE CHILD'S OWN ACTS OR THE ACTS OF CENTRAL TEXAS COLLEGE, ITS TRUSTEES, OFFICERS, DIRECTORS, AGENTS, VOLUNTEERS, EMPLOYEES OR A THIRD PARTY TO INCLUDE MOTOR VEHICLE INCIDENTS, MEDICAL ATTENTION AND ADMINISTRATION OF MEDICINE.**

MEDICAL CARE: Parent/Guardian hereby gives consent for any medical treatment Child may require during his/her participation in the Activity with the understanding that costs of such treatment will be the exclusive responsibility of Parent/Guardian.

PARENT/GUARDIAN HAS READ AND UNDERSTANDS THIS RELEASE AND KNOWLEDGEMENT OF ASSUMPTION OF RISK. PARENT/GUARDIAN UNDERSTANDS S/HE IS GIVING UP IMPORTANT RIGHTS ON BEHALF OF THEMSELVES AND CHILD. THE SIGNATURES BELOW EVIDENCES PARENT/GUARDIAN'S AGREEMENT AND INTENT TO BE BOUND BY THE TERMS HEREIN.

All Parents/Guardians must sign

SIGNATURE _____ DATE: _____
(Parent/Guardian)

SIGNATURE _____ DATE: _____
(Parent/Guardian)