GULF COAST CENTER
MENTAL HEALTH • SUBSTANCE USE RECOVERY
INTELLECTUAL & DEVELOPMENTAL DISABILITIES

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

The Gulf Coast Center

Release and Waiver Of Liability And Assumption Of Risk Agreement

1. I,_____, (name of attendee) desire to participate in the activity(ies)/trips) planned at or by the Gulf Coast Center's Lone Oak Ranch located at 7000 Avenue B, Santa Fe, TX 77510. Activities include but are not limited to horseback riding, fishing, basketball, use of horseshoe pit and equipment and/or washers to name a few. I understand and acknowledge there may be dangers, hazards, and risks inherent in, associated with, or arising out of the Activity, the transportation to and from the Activity, acts by third parties unrelated to the Activity and activities not scheduled by The Gulf Coast Center (hereinafter "The Center") that are in addition to and not related to the Activity (collectively referred to as the "Risks"). I recognize that these Risks could result in injury, illness or property loss or even death.

2. I identify the following activities which I will not participate or cannot participate while attending the Gulf Coast Center's Lone Oak Ranch program:

   _____ _____

   _____ _____

   _____ _____

3. In exchange for the right to participate in the Activities and Trips, I hereby assume all responsibility and liability for these Risks, whether known or unknown, direct or indirect. On behalf of myself, my family, and my successors and assigns, I hereby release, waive, discharge, and hold harmless The Center, its board, officers, agents, employees, and/or subcontractors from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs, and/or expenses of any kind or nature whatsoever including attorney's fees, that may hereafter accrue, relating to or arising out of the Activity, my participation in the Activity, and/or the Risks.

4. In the event of an accident or serious illness, I hereby authorize The Center to obtain medical treatment for the individual named above on my behalf. I hereby hold harmless and agree to indemnify The Center from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

5. In signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document of my own free will. I further state that I am at least (18) years of age and fully competent to sign this Agreement, that there are no health-related reasons or problems which preclude or restrict the individual named above from participation in this Activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that may be required or rendered to him/her as a result of injury or illness.

This Release And Waiver Of Liability And Assumption Of Risk Agreement shall remain effective from _____to _____, unless revoked/terminated prior to that time by me in writing.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Consent Given
*If Consent is for a minor, print name of minor here: _____
*Signor must be the parent or LAR.

Name _____ ID_____
Please print not social security number

Signature _____ Date_____/_____/_____

Telephone Number (_____)_____

Emergency Contact Number: (_____)_____

Permanent Mailing Address _____

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

409.763.2373
FAX 409.763-5538

www.GulfCoastCenter.org