\*\*\*\* PLEASE NOTE \*\*\*\* It is your responsibility to have this form notarized and return along with your application



## RELEASE OF LIABILITY

## THE STATE OF TEXAS COUNTY OF DALLAS

WHEREAS, I,	, the undersigned, have applied to
WHEREAS, I,	eday of
20;	
And	
WHEREAS, I am aware that accidents resulti damage sometimes occur in the type of activity for wl	hich I will be participating in, and
could occur while taking a performing in hands-on ex	•
WHEREAS, I desire to take participate in the	
NOW, THEREFORE, KNOW ALL MEN BY	
THAT, I,, FOO poportunity to participate with the City of Dallas her	OR AND IN consideration of the
opportunity to participate with the City of Dallas her against the City of Dallas which might arise should I damages of any character while engaged in the Citize	suffer personal injuries or property
Signature	
THE STATE OF TEXAS COUNTY OF DALLAS	
BEFORE ME, the undersigned, a Notary Pubon this day personally appearedwhose name is subscribed to the foregoing instrument executed the same for the purpose and consideration	, known to me to be the person t, and acknowledged to me that he
GIVEN UNDER MY HAND AND SEAL OF OFFICEA.D., 20	E, thisday of
	n and for Dallas County, Texas n Expires: