

**TARRANT COUNTY MEDICAL EXAMINER'S OFFICE
RELEASE OF LIABILITY/ LIABILITY WAIVER FORM**

NAME: _____

EMERGENCY CONTACT INFORMATION: _____
Name Phone

FOR AND IN CONSIDERATION of the privilege and license to be permitted to observe autopsies and tour the Tarrant County Medical Examiner's Office (not an employee),

I, _____ (PLEASE PRINT NAME CLEARLY) make the following agreements, releases and acknowledgments:

I acknowledge that all activities conducted while at the Tarrant County Medical Examiner's Office ("Medical Examiner's Office") are potentially hazardous and may result in accident, loss, damage, exposure to biological material, or injury ranging from minor to serious injury, or even death.

With full knowledge of these dangers, and intending to be legally bound, I hereby agree for myself and on behalf of all of my survivors, heirs and estate to RELEASE Tarrant County ("County") and any of its officers, employees, representatives and agents, and owners of any equipment owned by or used by the County's officers, employees, representatives, or agents, (hereinafter collectively referred to as "Released Parties"), from any and all liability claims, demands or any causes of action, and agree NOT TO SUE OR OTHERWISE make ANY CLAIMS against the Released Parties whatsoever which may arise during my participation in observing autopsies and touring the Medical Examiner's Office.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, exposure to biological material, injury or death RESULTS FROM THE NEGLIGENCE of the Released Parties. I understand that negligence means a failure to do an act which a reasonable prudent person would have done under the same or similar circumstances or doing an act which a reasonable prudent person would not have done under the same or similar circumstances.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while at the Medical Examiner's Office.

Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Witness Signature: _____ Date: _____