

**Birthday Party Waiver**

As a volunteer participant of the Angelo State University Birthday Party, my child has the opportunity to participate in the birthday party, located on the campus of Angelo State University. My child is not required to participate in this program, and I do hereby affirm that my child's participation is voluntary. I, the undersigned, being of legal guardian /parental care, am aware that the birthday party is sponsored by the Department of University Recreation of Angelo State University involves risk of bodily injury, death, property damage, and other dangers associated with participation in such activity. In consideration of the above, I the undersigned, do hereby release, indemnify, and agree to hold harmless Angelo State University, its Board of Regents, the Department of University Recreation, its officers, agents and employees, from any and all liability associated with injuries, damages, or death arising or resulting from any act or omission, negligent or otherwise, of Angelo State University, its officers, agents and employees, or any other person or other participants in said activity or while in transit. The terms hereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family. I further agree to indemnify, release, and hold harmless Angelo State University, its Boards of Regents, its agents and employees from and against any and all liability for death, personal injury, or damage to my child and any and all property. This release and assumption of risk is contractual and not a mere recital. I further state I have carefully read the foregoing release and assumption of risk and know and understand the contents thereof, and I sign the same as my own free act.

**READ CAREFULLY BEFORE SIGNING**

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Child's Name

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Parent or Guardian Signature

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Date