



Baytown Fire Training Field

7022 Bayway Dr. Baytown TX, 77520
(281) 691-6712 | BFDTraining@baytown.org



RELEASE

THE STATE OF TEXAS

§

KNOW ALL MEN BY THE PRESENTS:

§

COUNTY OF HARRIS

§

That I, _____ (Printed Name)

Address: _____

City: _____ State: _____ Zip: _____

Hereinafter called the undersigned, having requested permission to use, and for and in consideration of the right and permission granted to me, to use the City of Baytown Fire Department Training Facility, for a rental fee, per rental fee schedule, to the Fire Department of the City of Baytown, have remised, release and forever discharged, and for my heirs, executors, administrators and assigns do hereby remise, release and forever discharge the City of Baytown and the City of Baytown Fire Department, its officers and employees, and their successors, assigns, and administrators, of and from any and all claims, demands, right and causes of action of whatsoever kind of nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting and to result from the use of the City of Baytown Fire Department Training Facility, which liability is here expressly denied, and I hereby covenant and agree, and by these presents bind myself, my heirs, executors, administrators and assigns that I will bring no suit nor make any claim against the said City of Baytown, Texas, and the City of Baytown Fire Department, or any of its departments or divisions or any of the personnel and/or employees employed by them to recover any sum of compensate for any personal injuries and/or property damage and/or attorney fees, as a result of the hereinabove use of the City of Baytown Fire Department Training Facility.

The undersigned has read the foregoing release and fully understands all of the terms of said release.

The undersigned also acknowledges that without the execution of the release the City of Baytown and/or the Baytown Fire Department would be unable to allow the undersigned the use of the training facility.

In testimony whereof, witness my hand this the _____ day of _____, 20____.

Trainee's Signature

Trainee's Printed Name

Witness:

Signature _____

Printed Name _____