



Activity: <hr/>
Date:

The Age Computer Lab is a program of AGE of Central Texas (AGE). Age Computer Lab participants and volunteers are devoted to the learning of technology in the digital age. Activity leaders from AGE Computer Lab are not paid employees; they are only responsible for organizing activities and not for the safety of the participants.

**Assumption of Risk:** I understand and accept that the travel to and engagement in the activities with AGE Computer Lab – including but not limited to, driving, photography, walking, etc. exposes me to risks such as physical injury, loss of property, damage to property. I choose to participate in these activities in spite of these risks and I understand that AGE Computer Lab and Austin Groups for the Elderly and its members have no legal duty to ensure my safety. I hereby assume all risk of injury or loss of life to myself and loss of or damage to property arising out of my participation in this activity.

**Waiver:** In consideration of the trip leader organizing the trip, I agree not to file suit against the AGE Computer Lab and/or Austin Groups for the Elderly, its members, its officers, the activity leaders, or other participants. In doing so, I release and forever discharge any such claims. This release specifically includes, but is no limited to, liability or claims for negligence by AGE Computer Lab and /or Austin Groups for the Elderly, its members, its officers, the activity leaders, or other participants.

**Indemnification:** I agree to indemnify and hold harmless AGE Computer Lab and /or Austin Groups for the Elderly, its members, its officers, the activity leaders, or other participants from all liabilities, losses, damages, claims, actions, causes of action, demands, or costs or any nature whatsoever, that may arise in connection with my travel to or participation in this activity, including rescue activities, whether caused by the negligence of the above named individual or some other means. I understand that by agreeing to indemnification, I will be responsible for reimbursing all costs described above.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT CONTAINS A WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT, AND I SIGN IT VOLUNTARILY. I FURTHER UNDERSTAND THAT THE TERMS OF THIS AGREEMENT SHALL BIND ME, MY HEIRS, AND PERSONAL REPRESENTATIVES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact and Number