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State of Texas  
County of Harris

**Waiver of Claims and Release of Liability**

To: **Harris County Emergency Corps ("HCEC")**

The undersigned, \_\_\_\_\_ (Date of Birth \_\_\_\_\_),  
desires to participate as an observer, with employees of HCEC, in responding to emergency medical service  
calls and other calls for emergency service and in such connection state:

I fully understand that there are certain risks and dangers associated with observing emergency services,  
including, but not limited to, traffic and traffic accidents, exposure to hazardous materials and situations,  
exposure to blood, body fluids and other mediums capable of transporting disease. I understand that I may be  
exposed to domestic violence with potential for harm due to weapons.

I have given this matter careful consideration and believe that the experience and educational benefit to be  
gained by observing such activities are sufficient consideration for exposure to such risks and for me to waive  
any and all claims and causes of action that I, or any derivative claimants, including persons with claims under  
the Wrongful Death Act, might have against Harris County Emergency Corps, HCEC's Board of Directors, and  
all employees and agents of HCEC, which may arise out of my injury, illness or death, resulting or caused  
directly or indirectly by participation in these activities, including those relating to the negligence of any of the  
above parties.

Therefore, I do hereby waive and release any and all future claims or causes of action that I, or any of the above  
potential claimants, may have against HCEC, its employees, Board of Directors, officers and agents, for  
personal injury, illness or death which are connected to or related in any way to my participation in these  
activities. This waiver does not extend to a waiver release of any such injuries that are caused by the gross  
negligence or willful misconduct of any such parties.

I understand that the nature of all emergency responses I see at HCEC are confidential in nature and activities of  
patients and emergency responses should not be shared or discussed outside HCEC.

With my signature below I have been given the opportunity to ask questions and seek clarification and  
understand the content and context of the "Waiver of Claims and Release of Liability".

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number