

**AUSTIN POLICE DEPARTMENT  
ASSUMPTION OF RISK AND  
COVENANT NOT TO SUE**

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Date)**

That I, the undersigned \_\_\_\_\_ for and in consideration of being extended the privilege of utilizing the Austin Police Department's Firearm's Range for the purposes of demonstrating weapons proficiency pursuant to Texas Occupations Code Section 1701.357 (Weapons Proficiency for Certain Retired Peace Officer and Federal Criminal Investigators) on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, do hereby assume all risk of injury to my person arising out of, or in any way incident to the aforementioned proficiency process, including but not limited to injuries caused to me through the intentional, negligent, or reckless conduct of the City of Austin, its employees, or agents, caused to me through the intentional, negligent, or reckless conduct of another person not employed by the City of Austin but who may also be participating in this proficiency process, or injuries caused to me arising out of defect in the premises or equipment belonging to the City of Austin. Furthermore, I assume whatever risk to my personal well-being such proficiency process may entail or accrue, and that I, the undersigned for the aforesaid consideration have covenanted and do hereby covenant never to bring any claim, demand, or suit, in law or in equity, in any court whatsoever against the City of Austin, its officers, employees, or agents, for any such injury. I further agree to hold harmless and indemnify the City of Austin, its officers, employees, and agents from any and all claims, demands, suits or other forms of liability that may arise out of, or by reason of, any acts committed by me, whether intentional, negligent, or reckless, arising from my participation in this proficiency process, that may or does cause injury to any other person or his property.

Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me, by the said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public, State of Texas