



CITY OF PALESTINE FIRE DEPARTMENT WAIVER OF AUTHORITY TO RELEASE INFORMATION

I hereby authorize any legally authorized representatives of the City of Palestine presenting this release, or copy thereof, within one year of its date to obtain any and all information in your possession pertaining to my past and present criminal records, medical records, or any other records you may have in your or your agency's possession. I hereby release you and your agency from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization. Further by affixing my signature, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material obtained as a result of the execution of this document.

Full Name: _____
Signature

Full Name: _____ **Date:** _____
Print

Current Address: _____

Telephone Numbers (Home and Cell): _____

Driver License Number: _____

Date of Birth: _____

SUBSCRIBED AND SWORN TO BEFORE ME, this the _____, day of _____, _____

Notary Public



Palestine Fire Department

Release of Liability

FOR GOOD CONSIDERATION, the undersigned jointly and severally hereby forever release, discharge, acquit and forgive the City of Palestine and the Palestine Fire Department from any and all claims, actions, suits, demands, agreements and each of them, if more than one, liabilities, judgments and proceedings both at laws and in equity arising from the beginning of time to the date of these presence and as more particularly related to or arriving from injury or death resulting from any activities while using the facilities of the Palestine Fire Department for physical agility exercises.

Signed under seal this _____ day of _____, _____

Signature (must be notarized)

Date

Signed and sworn to before me this _____ day of _____, _____

Signature of Notary Public