



**RELEASE OF LIABILITY
AND
ACKNOWLEDGMENT**

Participant, or if Participant is a minor by authorization of Participant's Parent(s) or Legal Guardian(s) agreeing on behalf of Participant, themselves, and any successor parents or guardians of Participant, in consideration for providing a sports medicine clinic to Participant free of charge, does/do hereby voluntarily execute(s) this Release of Liability and Acknowledgment, agreeing to all terms herein and below.

IN CONSIDERATION OF THE FOREGOING, PARTICIPANT HEREBY RELEASES AND AGREES TO PROTECT, INDEMNIFY AND HOLD HARMLESS METHODIST HEALTHCARE SYSTEM OF SAN ANTONIO, LTD., L.L.P., A TEXAS LIMITED LIABILITY LIMITED PARTNERSHIP, BETHPAGE CONSULTING, LLC, A TEXAS LIMITED LIABILITY COMPANY, SPORTS MEDICINE ASSOCIATES OF SAN ANTONIO, P.A., A TEXAS PROFESSIONAL ASSOCIATION, AND EACH OF THEIR RESPECTIVE AGENTS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS, (ALL THOSE PARTIES REFERENCED ABOVE IN THIS PARAGRAPH BEING HEREIN COLLECTIVELY CALLED THE "RELEASED PARTIES"), FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, LOSSES, LIABILITIES, INJURIES, DAMAGES, EXPENSES OF LITIGATION, COURT COSTS AND ATTORNEYS' FEES, DIRECTLY OR INDIRECTLY ARISING OUT OF OR RESULTING FROM ANY FACTS OR CIRCUMSTANCES, ACCIDENT, INCIDENT, OCCURRENCE, INJURY, DEATH OR PROPERTY DAMAGE SUSTAINED BY PARTICIPANT OR ANY OTHER PERSON OR PARTY ARISING OUT OF OR INCIDENTAL TO PARTICIPANT'S PARTICIPATION IN THE SPORTS MEDICINE CLINIC, INCLUDING WITHOUT LIMITATION THOSE CAUSED BY THE SOLE OR PARTIAL NEGLIGENCE OR GROSS NEGLIGENCE OF ANY ONE OR MORE OF THE RELEASED PARTIES.

As used in this release, the terms "I" and "the undersigned" include minors in my care while on the premises.

Dated and signed this _____ day of _____, 20__.

(Guest Signature)

(Guest's Printed Name)

