TARRANT COUNTY MEDICAL EXAMINER’S OFFICE
RELEASE OF LIABILITY/ LIABILITY WAIVER FORM

NAME:__________________________________________________________

EMERGENCY CONTACT INFORMATION: ____________________________

Name                             Phone

FOR AND IN CONSIDERATION of the privilege and license to be permitted to observe autopsies and
tour the Tarrant County Medical Examiner’s Office (not an employee), I,
________________________________________________ (PLEASE PRINT NAME CLEARLY) make the
following releases, agreements and acknowledgments:

I acknowledge that all activities conducted while at the Tarrant County Medical Examiner’s Office
(“Medical Examiner’s Office”) are potentially hazardous and may result in accident, loss, damage,
exposure to biological material, or injury ranging from minor to serious injury, or even death.

With full knowledge of these dangers, and intending to be legally bound, I hereby agree for myself
and on behalf of all of my survivors, heirs and estate to RELEASE Tarrant County (“County”) and any
of its officers, employees, representatives and agents, and owners of any equipment owned by or
used by the County’s officers, employees, representatives, or agents, (hereinafter collectively
referred to as “Released Parties”), from any and all liability claims, demands or any causes of action,
and agree NOT TO SUE OR OTHERWISE make ANY CLAIMS against the Released Parties whatsoever
which may arise during my participation in observing autopsies and touring the Medical Examiner’s
Office.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, exposure to
biological material, injury or death RESULTS FROM THE NEGLIGENCE of the Released Parties. I
understand that negligence means a failure to do an act which a reasonable prudent person would
have done under the same or similar circumstances or doing an act which a reasonable prudent
person would not have done under the same or similar circumstances.

I agree to be solely responsible for my own safety and to take every precaution to provide for my
own safety and well-being while at the Medical Examiner’s Office.

Signature: ____________________________________________ Date: _______________

Parent/Legal Guardian:________________________________________ Date: _______________

Witness Signature: ________________________________________ Date: _______________