

# LIABILITY AND PHOTOGRAPHY RELEASE AND WAIVER

## IMPACT LUFKIN HOOKED ON FISHING APRIL 25, 2026

I, the undersigned parent/legal guardian of \_\_\_\_\_ (my "child"), authorize my child's full participation in IMPACT LUFKIN HOOKED ON FISHING and related activities on property owned by Impact Lufkin, such property previously known as the Lufkin Country Club (the "property" or "premises"). I understand that the use of the property during the IMPACT LUFKIN HOOKED ON FISHING will be supervised. ALSO, THE PARENT/GUARDIAN AND MINOR UNDERSTAND THAT PARTICIPATION IN THESE ACTIVITIES ARE NOT WITHOUT SOME INHERENT RISK OF INJURY, AND ASSUME FULL RESPONSIBILITY FOR ANY PERSONAL INJURY, LOSS OR DAMAGE ARISING OUT OF THE USE OF OR PRESENCE UPON THE PROPERTY.

By signing this Release and Waiver, on my own behalf and on behalf of my child, I covenant not to sue Impact Lufkin, it's Board members and sponsors, the City of Lufkin, the State of Texas, and their officers, servants, agents or employees (collectively "parties") for any injury, loss or damage to myself or my child. I further agree to indemnify and defend the parties against all claims, causes of action, damages, judgments, costs of expenses, including attorney fees and other litigation costs, which may in any way arise from use of or presence upon the property. I further release, waive, and discharge said parties from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained, whether caused by negligence of any of the parties, or otherwise while participating in such activity, or while in or upon the premises of Impact Lufkin, where the activity is being conducted.

I understand that by signing this waiver, I give permission for any photographs taken during this event to be used for any legal publication, including but not limited to publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me for any reason.

Print Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address **OR** Cell Phone Number \_\_\_\_\_

*I also agree to follow all instructions and procedures to maintain a maximum level of safety.*

Print Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_