

Bastrop County Long Term Recovery Team RELEASE AND WAIVER OF LIABILITY

Please read carefully. This is a legal document that affects your legal rights.

This release and waiver of Liability, executed on (date) _____, by (volunteer's name) _____, in favor of the Bastrop County Long Term Recovery Team, a Texas nonprofit corporation and its directors, officers, employees, agents and volunteers, members affiliates and its partnering organizations (herein referred to as "**BCLTRT**") is legally binding.

I, the volunteer, desire to work as a volunteer for BCLTRT to engage in relief and recovery efforts and activities related to a federally declared disaster known as the Bastrop Complex Fire which occurred in September, 2011, as coordinated by **BCLTRT**. I understand that such activities may include, but are not limited to, tree and debris removal of wildfire-damaged property, rebuilding of homes and other construction projects, and working in the BCLTRT offices or warehouses, which may involve activities which are hazardous and inherently dangerous. I freely and voluntarily execute this Release and under the following terms.

- RELEASE AND WAIVER:** I (or my heirs or assigns) hereby release and forever discharge **BCLTRT** from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my volunteer activities with **BCLTRT**. I understand that this Release discharges **BCLTRT** from any liability or claim that I may have against **BCLTRT** with respect to bodily injury, personal injury, illness, death or property damage that may result from my activities with **BCLTRT**. THE VOLUNTEER UNDERSTANDS AND ACKNOWLEDGES THAT THE CLAIMS BEING RELEASED HEREIN INCLUDE, WITHOUT LIMITATION, CLAIMS, IF ANY, BASED ON OR IN ANYWAY RELATED TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF BCLTRT OR ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS OR VOLUNTEERS. I also understand that **BCLTRT** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or illness
- MEDICAL TREATMENT:** I hereby release and forever discharge **BCLTRT** from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with **BCLTRT**.
- ASSUMPTION OF RISK:** I understand that my volunteer activities may include work that is hazardous and inherently dangerous, including but not limited to work on or around power tools or heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in these volunteer activities.
- INSURANCE:** I understand that **BCLTRT** does not carry or provide health, medical disability or auto insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, and disability and auto insurance.
- PHOTOGRAPHIC RELEASE:** I hereby grant unto **BCLTRT** all rights to any and all photographic and video images made during my service to **BCLTRT** for internal use or for the purpose of publicity, including all proceeds or benefits derived from such photographs or videos.
- OTHER:** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas and federal laws and that it shall be governed and interpreted in accordance with these laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder or the Release and Waiver, which shall continue to be held enforceable.

I have read the above, understand its contents, and voluntarily agree to its terms.

Volunteer Signature: _____ Date: _____

Have you had a background check in the last 12 months? Yes No
If not are you willing to allow BCLTRT to obtain one? Yes No

Emergency Contact Information

Contact Person: _____

Relationship to volunteer: _____ Contact phone number: _____