

**Travis County
Natural Resources and Environmental Quality Division**

Volunteer Release of Liability and Indemnity Agreement – Adult Individual

Volunteer Name:	
Telephone Numbers:	
Email Address:	
Vehicle(s) Information:	
Project and Tract Names:	

SIGNATURE REQUIRED ON PAGE 2

In consideration of Travis County Natural Resources and Environmental Quality Division (“TC-NREQ” or the “Division”) allowing me to participate in the Division’s volunteer program, and by my signature below, I hereby knowingly, intentionally and voluntarily release, waive, discharge and covenant not to sue Travis County, Texas and its officials, agents and employees for any personal injury, death or property damage (expressly including damage to or destruction of my personal motor vehicle) that may occur in connection with my service as a volunteer caused from the negligence of Travis County, Texas or its officials, agents and employees or from any premises or special defects arising from County property, real or personal. I further agree to the following:

1. I acknowledge that I am a volunteer for the Travis County Natural Resources and Environmental Quality Division (TC-NREQ) and have no expectations of compensation.
2. I understand that TC-NREQ may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the Division.
3. I understand that I may decide to sever my volunteer relationship with TC-NREQ at any time, and notice of such a decision should be communicated as soon as possible to the Community Liaison.
4. I understand that TC-NREQ may from time to time photograph me (including by means of video and film) in the course of performing my volunteer activities for purposes of producing informational pamphlets, brochures and public service announcements relating to TC-NREQ programs for distribution to the public and/or for broadcast on Travis County Television and websites. I hereby authorize the taking of the aforementioned photography and grant to TC-NREQ the right to use my name, likeness, image, voice and biographical data in connection with the exhibition, distribution and broadcast of such informational and promotional materials.
5. I understand and agree that while participating in this program, I will not be an agent, servant or employee of TC-NREQ and therefore will not be covered by Travis County for any health, workers compensation, death or disability benefits.

6. I AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS TRAVIS COUNTY AND ITS OFFICIALS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, INJURIES, COSTS, DAMAGES, DEMANDS SUITS, CAUSES OF ACTION OR LIABILITY OF ANY KIND, FOR INJURY TO OR DEATH OF ANY PERSON, OR FOR DAMAGE TO ANY PROPERTY, THAT MAY ARISE OUT OF OR IN CONNECTION WITH PERFORMANCE OF SAID VOLUNTEER WORK OR COUNTY'S USE OF MY NAME, IMAGE OR LIKENESS AS DESCRIBED HEREIN.

7. I understand and agree to abide by the policies and procedures of Travis County and TC-NREQ relating to the performance of duties and responsibilities assigned to me.

8. I agree that any information I may gain through participation in Division activities will be used by me only for my personal educational purposes, except to the extent otherwise required by law.

9. I understand and agree that, in the course of my participation as a volunteer with TC-NREQ, I will have access to keys and combinations that are confidential because of security concerns. I understand and acknowledge that I will not disclose this information or any other security-related information to any person without prior approval of my supervisor. I understand that my volunteer status will be revoked if I make improper disclosure of this or any other security-related information.

I certify that I have read and understood the above Agreement and that the above provisions describe the terms under which I will be allowed to participate as a volunteer with TC-NREQ.

<hr/> Volunteer Name (please print)	<hr/> Volunteer Signature	<hr/> Date
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IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:
Address:
Phone #:
Relationship:
Physician:
Hospital Preference: