

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

I, _____ expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By executing in the space provided below, I **AGREE TO RELEASE, INDEMNIFY, PROTECT, DEFEND, AND HOLD HARMLESS** HAS, its directors, officers, employees, representatives, agents, successors, heirs, and assigns, from and against any and all claims, costs, demands, causes of action, suits or other litigation (including all costs, thereof and attorneys fees) and from any and all liabilities, losses, damages, or expenses arising through, in connections with or in favor of myself, my family, heirs, executors, personal representatives, agents, or employees, on account of personal injuries, death or damage to property in any way occurring, incident to, arising out of, or in connection with service or materials to be furnished by me or work to be performed by me under this agreement, regardless of whether or not caused by the joint, concurrent or sole negligence, fault or strict liability of the HAS its directors, officers, employees, representatives, agents, successors, heirs, and assigns.

Volunteer: _____ Witness: _____
Print Name

Volunteer: _____ Witness: _____
Signature

Address: _____ Date: _____

City: _____ State _____ ZIP: _____

Phone (H): _____ Phone (C): _____

Emergency Contact Name: _____ Phone _____

If volunteer is under 18 years of age please have parent or legal guardian sign below.

I agree to all of the above on behalf of myself, my spouse, my children, our heirs, successors, assigns, agents or representatives.

Parent/Guardian(s): _____ Date: _____
Print Name

Parent/Guardian(s): _____
Signature