

# Volunteer Program



Carrollton Public Library @ Hebron & Josey  
4220 N. Josey Lane, Carrollton, TX 75006

## Special Event/One Day Project Volunteers

Special Event/Project: \_\_\_\_\_

DATE: \_\_\_\_\_

Your Organization or Group: \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_ Zip \_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### *In case of emergency please notify:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## WAIVER OF LIABILITY, RELEASE, AND INDEMNITY AGREEMENT

### WAIVER OF LIABILITY

IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATING IN THE VOLUNTEER PROGRAM ("PROGRAM") AND RECOGNIZING THAT THE ACTIVITIES RELATED TO PERFORMANCE OF THE PROGRAM MAY INVOLVE CERTAIN INHERENT DANGERS, I DO HEREBY AGREE TO ASSUME THE RISKS ATTENDANT TO SUCH ACTIVITY, TO INCLUDE BUT NOT LIMITED TO: PROPERTY DAMAGE OR PERSONAL INJURY TO [MYSELF / MY CHILD] RESULTING FROM THE ACTS, ERRORS, OMISSIONS OR NEGLIGENCE OF THE CITY, CITY EMPLOYEES, THIRD PARTIES, [MYSELF / MY CHILD] OR OTHER PROGRAM PARTICIPANTS. I HEREBY WAIVE ALL CLAIMS, RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY, OFFICIALS, AGENTS AND EMPLOYEES, IN BOTH THEIR PRIVATE AND PUBLIC CAPACITIES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, DEMANDS, OR CAUSES OF ACTION WHICH MAY ARISE FROM [MY / MY CHILD'S] PARTICIPATION IN THE PROGRAM

FURTHER, I, ON BEHALF OF [MYSELF / MY CHILD], AND [MY / MY CHILD'S] HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, FOREVER RELEASE AND DISCHARGE ANY AND ALL RIGHTS, DEMANDS, CLAIMS AND CAUSES OF SUIT OR ACTION, KNOWN OR UNKNOWN, WHETHER ARISING NOW OR IN THE FUTURE, THAT I MAY HAVE AGAINST THE CITY, FOR ANY AND ALL INJURIES, INCLUDING DEATH AND PROPERTY DAMAGE IN ANY MANNER ARISING OR RESULTING FROM MY PARTICIPATION IN THE PROGRAM. I HEREBY AFFIRMATIVELY STATE THAT I HAVE CAREFULLY READ THIS RELEASE, KNOW THE CONTENTS OF THE RELEASE AND SIGNED THE RELEASE OF MY OWN FREE WILL.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND DURING THE INTERVIEW PROCESS IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OR SIGNIFICANT OMISSIONS OF ANY INFORMATION MAY BE CONSIDERED JUSTIFICATION FOR NON-ACCEPTANCE OR DISMISSAL IF DISCOVERED AT A LATER DATE AND THAT APPOINTMENT TO A VOLUNTEER POSITION MAY BE CONTINGENT UPON THE COMPLETION AND REVIEW OF A CRIMINAL BACKGROUND CHECK.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): \_\_\_\_\_ DATE \_\_\_\_\_