



# Mid-Cities Care Corps

745 WEST PIPELINE ROAD  
HURST, TEXAS 76053

(817) 282-0531  
(817) 282-7980 FAX

*Serving Senior Adults in Northeast Tarrant County Since 1981*

## **RELEASE IN FULL**

That for and in consideration of the promise of MID-CITIES CARE CORPS, hereinafter referred to as MCCC, to:

Client Name: \_\_\_\_\_

of that certain property owned by the above named client and located at:

\_\_\_\_\_

do hereby release, discharge and forever forgive MCCC and its volunteers from any and all claims of any kind or character, and from any cause of action, claims, demands, costs, and damages, attorney's fees, expenses, and/or compensation on account of, or in any way connected with the proposed services provided by MCCC and its volunteers as described below.

- 1) Transportation Services including but not limited to any and all transportation to routine medical appointments, quality of life drives and transportation to Senior Social events.
- 2) Helping Hands Services including but not limited to any and all home repairs, modifications and stability equipment installations, lawn care services and any work performed by community service groups on behalf of MCCC.
- 3) Social Outreach Services including but not limited to any MCCC staff member or volunteer in home visitations (Visiting Friends), Holiday Outreach basket delivery, and services and meals provided at Senior Social events.

I declare that in making this **RELEASE**, I understand and agree I will rely wholly upon my judgment, beliefs and knowledge, and this **RELEASE** is made without reliance on any statement or representations of MCCC, or its representatives, or its volunteers, or by an attorney or other person by it employed, except for the consideration stated above.

I FURTHER UNDERSTAND AND AGREE THAT THE AFORESAID CONSIDERATION IS THE SOLE CONSIDERATION FOR THIS RELEASE AND I AGREE THAT I WILL NOT ASSERT OR PROSECUTE ANY CLAIMS OR LAWSUITS AGAINST MCCC OR ANYONE WHOMSOEVER, WHETHER OR NOT HERIN MENTIONED, ASSOCIATED WITH THE CONDUCT AND PERFORMANCE OF THE VOLUNTEER WORK PERFORMED AT MY REQUEST AT THE ADDRESS SET FORTH ABOVE.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
MCCC Representative

**SIGN AND RETURN WITH APPLICATION**