



Mid-Cities Care Corps

745 WEST PIPELINE ROAD
HURST, TEXAS 76053

(817)282-0531
www.midcitiescarecorps.org

Serving Senior Neighbors in Northeast Tarrant County Since 1981 Non-Profit 501(c)(3)

VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____, 201____, by or on behalf of _____ (the “Volunteer”) hereby releases Mid-Cities Care Corps, it’s officers, directors, employees, volunteers, sponsors, agents and representatives as follows:

The Volunteer desires to provide volunteer services and engage in activities related to serving as a volunteer for Mid-Cities Care Corps (MCCC), a non-profit organization providing assistance to seniors and the community at large. Volunteer wishes to assist MCCC and participate in various activities on a voluntary basis (the “Event”), and hereby agrees as follows:

- 1. WAIVER AND RELEASE: I, the Volunteer, RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS MCCC from any and all liability, claims, costs, damages, injuries and demands of whatever kind or nature, either in law or in equity, which arise out of or may hereafter result from the services provided or activities participated in as a volunteer with MCCC. I understand and acknowledge that this Release discharges MCCC from any liability or claim that I may have or the minor child on whose behalf I sign may have for bodily injury, personal injury, illness, death, or property damage arising out of or resulting from the services provided for The Event, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR OTHER CONDUCT OF MCCC.**
- 2. INSURANCE:** I understand that none of the above participating entities assumes any responsibility for or obligation to provide me or others with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.
- 3. MEDICAL TREATMENT:** I hereby Release and forever discharge the participating entities from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the Event.

4. **ASSUMPTION OF RISKS:** I understand that the services I provide to the Event may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release MCCC from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for The Event.

5. **PHOTOGRAPHIC RELEASE:** I grant and convey to MCCC all right, title, and interests in any and all photographs, images, video, audio in connection with my providing volunteer services for The Event.

6. **OTHER:** As a volunteer, I expressly 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 that this Release and Waiver 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 and Waiver is deemed invalid, the enforceability of the remaining provisions of this Release and Waiver shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability agreement willingly and voluntarily.

Name (print) _____
Service Group/Organization Name

Signature **Age** **Date**

Address: Street: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Yes No May we add you to the Mid-Cities Care Corps mailing list

If volunteer is under the age of 18, a parent/guardian must read and sign this Release/Waiver of Liability form and acknowledges his or her authority to act on behalf of the minor child.

Parent or Guardian _____
Date

Minor Child or Children (Under 18) on Behalf of Whom I Execute This Release and Waiver: