## **VOLUNTEER LIABILITY RELEASE FORM**

Friends of the Houston Public Library

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Office HPL Julia Ideson Building 550 McKinney Houston, Texas 77002 832-393-1387 Book Warehouse 6510 W. Little York Houston, Texas 77040 713-839-9330

I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary effort, or other activity of any nature, including the use of equipment and facilities of the Friends of the Houston Public Library.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive and discharge the Friends of the Houston Public Library and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Texas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I consent to and authorize the Friends of the Houston Public Library, its publishers, licensees and assignees, permission to use and reproduce still photographs, audio and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, in connection with my/our volunteer efforts with the Friends of the Houston Public Library.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant	Date	Witness
Printed Name		
Signature of Guardian	 Date	Witness
Printed Name		