



**MEDIA GROUP™**

**VOLUNTEER AGREEMENT  
AND RELEASE OF LIABILITY**

**Volunteer Contact Information**

*Please Print*

All fields are required unless otherwise indicated. By providing this information, you consent to its collection and use as described in this agreement.

**Name**

**Birthdate**

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Month / Day / Year

**Address**

\_\_\_\_\_

Street Address, Apt #

\_\_\_\_\_

City & State

\_\_\_\_\_

Zip Code

**Email Address**

**Phone Number**  cell phone

\_\_\_\_\_

\_\_\_\_\_

Area Code & Number

**Do you have any allergies we should be aware of (e.g., food, medication, insect stings)?**

This information will be used to provide appropriate accommodations and emergency response.

No

Yes — Please specify:

\_\_\_\_\_

**In case of an emergency, who should we contact?**

By providing this information, you authorize us to contact this person in the event of an emergency and to share relevant information about your condition or circumstances as necessary.

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Phone Number

**Information will be kept private and confidential.**

**For Internal Use Only**

*Continued on reverse...*

## RELEASE AND WAIVER OF LIABILITY

**1. ASSUMPTION OF RISK:** I understand that volunteering involves certain inherent risks, including but not limited to physical injury, property damage, and other hazards. I voluntarily assume all risks associated with my volunteer activities.

**2. RELEASE OF LIABILITY:** To the fullest extent permitted by Texas law, I hereby release, waive, discharge, and covenant not to sue the organization, its officers, directors, employees, agents, volunteers, and representatives (collectively, the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while participating in volunteer activities or while on the organization's premises.

**3. INDEMNIFICATION:** I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or costs, including court costs and attorneys' fees, that may incur due to my participation in volunteer activities, whether caused by my negligence or otherwise.

**4. MEDICAL TREATMENT:** I authorize the organization to obtain or provide emergency medical treatment for me if necessary. I agree to be financially responsible for any costs incurred as a result of such medical treatment. I acknowledge that the organization does not carry medical insurance for volunteers.

**5. PHOTOGRAPHIC RELEASE:** I grant the organization permission to use photographs, videos, or other recordings of me taken during volunteer activities for promotional, educational, or other organizational purposes without compensation.

**6. ACKNOWLEDGMENT:** I have read this Release and Waiver of Liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**TEXAS LAW NOTICE:** Under Texas law, volunteers of certain nonprofit organizations may have limited liability protection. However, this release is intended to provide the organization with the maximum protection available under applicable law.

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**Volunteer Signature**

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**Date**

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**Printed Name**

**PARENTAL/GUARDIAN CONSENT** (Required if volunteer is under 18 years of age):

I am the parent or legal guardian of the above-named volunteer. I have read and understood this Release and Waiver of Liability and consent to my child's participation in volunteer activities. I agree to be bound by its terms on behalf of my child.

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**Parent/Guardian Signature**

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**Date**

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**Printed Name**

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**Relationship to Volunteer**