

**North & East Lubbock CDC (“NELCDC”) & Parkway Place Lubbock (“PWPL”), LLC  
Volunteer Services Program  
Release and Hold Harmless Agreement**

**For Volunteers 18 and Older**

I, \_\_\_\_\_, being over the age of 18, am volunteering to perform service work for the NELCDC/PWPL. In consideration of being allowed to perform this volunteer service, I do hereby release the NELCDC/PWPL and its officials, officers, agents, servants and employees from liability for any harm, injury or damage which I may suffer, sustain, and/or incur while in the course of performing the assigned volunteer work or at any time during the course of serving as a volunteer. This release applies to all risks which are connected with this work, whether foreseen or unforeseen, and **DISCHARGES IN ADVANCE THE NELCDC/PWPL, ITS OFFICIALS, OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY.** Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk applies to damages suffered by me, as well as my family, heirs, and assigns as a result of any harm or injury which I may suffer.

I agree to defend, indemnify and hold the NELCDC/PWPL and its officials, officers, agents, and employees harmless from any claims, liability judgments, expenses and damage to persons or property resulting from my negligence and/or intentional acts, and for any claims, of whatever nature, made by myself, my family, estate(s), heirs, or assigns arising from my volunteer service for the NELCDC/PWPL.

I further assume the responsibility of the physical fitness and ability to perform the work which is assigned to me. If I do not feel I am capable of performing the volunteer work assignment, I shall assume the responsibility of informing the volunteer services coordinator.

I am of lawful age and legally competent to sign this release and have signed this document as my free act.

I have fully informed myself of the contents of this release by reading it by signing it. I realize that by signing this document I am giving up legal rights which I may be entitled to.

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer



**For Volunteers 18 and Older**

**Emergency Information**

In case of serious injury, I give my permission for the NELCDC/PWPL personnel to seek any emergency medical treatment for me, should it become necessary.

In case of emergency, notify: \_\_\_\_\_

Phone #'s: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

Do you have any medical condition of which we should be aware?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Photo Release**

I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities and further authorize the NELCDC/PWPL, its agents, or, assigns to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now, or in the future, for participating. I do hereby release and hold harmless the NELCDC/PWPL its officers and employees from any claims in this regard.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature

