Member/Volunteer Waiver and Release Form

Volunteer Name: _____

Contact E-mail (required):

Address: Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number:

VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM

Fort Bend County Sheriff's Office You Are Not Alone
1840 Richmond Parkway Blvd, Richmond, TX 77469

WAIVER AND RELEASE FORM

RELEASE OF LIABILITY

In return for being allowed to participate in Fort Bend County Sheriff's Office You Are Not Alone (FBCSO YANA) volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), (hereafter re-ferred to using "I", "me", or "my") releases and agrees not to sue the FBCSO YANA or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("FBCSO YANA") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the FBCSO YANA are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the FBCSO YANA, Fort Bend County and all departments, and all staff for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the FBCSO YANA have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer, my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the FBCSO YANA.

Not following rules or procedures may result in termination from the program.

(Signature of Volunteer) Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

PUBLICITY RELEASE

In return for being allowed to participate in Fort Bend County Sheriff's Office You are Not Alone Program member/volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer (hereafter referred to using "I", "me", or "my") hereby grants to the FBCSO YANA, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or like-ness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

_____

(Signature of Member / Volunteer) Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.