

through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of CHC, persons acting on its behalf or otherwise.

6. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless CHC, including its present and former Trustees, officers, directors, employees, agents and volunteers from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of CHC persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon CHC's facilities during my participation in the volunteer service.

7. I understand that as a volunteer CHC does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my volunteer affiliation.

8. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Texas.

9. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Print Name

Participant Signature

Date

Provide one copy of this agreement to the volunteer. Retain this agreement for seven years from the end of service.