

The Beaumont Preservation Society of Texas, llc

Release and Waiver of Liability

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Please read the entire document and sign

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____, (the "Volunteer"), in favor of The Beaumont Preservation Society of Texas, llc and any other The Beaumont Preservation Society of Texas, llc affiliated organization and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties") and is effective through December 31, 2018.

I, the Volunteer, desire to work as a volunteer for one or more the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in The Beaumont Preservation Society of Texas, llc offices or operations; traveling to and from work sites; consuming food available or provided; constructing and rehabilitating residential or historic buildings; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver. I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, and demands which I or my heirs, assigns, next of kin, or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arises or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault, or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm, and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death or property damage.

Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released parties to exercise the power to consent to medical or dental treatment as such power may be warranted. These steps may include, but are not limited to the following:

- Call 911
- Attempt to contact relative/friend of participant through the numbers listed on this form or other church medical release form
- Attempt to contact the participant's physician
- Have participant taken to an emergency hospital in the company of staff or volunteer leadership
 - Any expenses incurred will be the responsibility of the family/legal guardian

Assumption of the Risk. I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death, or property damage resulting directly or indirectly from the Activities.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry, or maintain health, medical, travel, disability, or other insurance coverage for any Volunteer. Each Volunteer is encouraged to obtain his or her own health, medical, travel, disability, or other insurance coverage.

Discrimination Policy: I, the Volunteer, understand that The Beaumont Preservation Society of Texas, llc expects all staff, board, and volunteers to behave in a way that reinforces the mission and founding principles of the organization.

The Beaumont Preservation Society of Texas, llc, therefore, prohibits any actions or conduct which may discriminate against or harass other employees, volunteers, partner families, or applicants of a The Beaumont Preservation Society of Texas, llc work activity. The Beaumont Preservation Society of Texas, llc does not tolerate any actions, words, jokes, or comments based on an individual's sex, sexual orientation, race, ethnic background, age, religion, physical condition, or other legally protected characteristic.

Photographic Release. I, the Volunteer, do hereby grant and convey unto The Beaumont Preservation Society of Texas, llc all rights, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and any benefits derived from them including social media and related promotions.

Other. I the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Texas. I further agree that in the event of any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such a clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here.

Volunteer Name _____ Signature _____
(Please Print Clearly)

Parent/Legal Guardian Name _____ Signature _____
(For those volunteers who are under the age of 18. Please print clearly)

Address: _____ Date of Birth: _____

City: _____ St: _____ Zip: _____

Phone: (H) _____ (C) _____

Email: _____

Emergency Contact Information	
Name: _____ (please print clearly)	Relationship _____
Address: _____ (please print clearly)	
Phone: (H) _____ (C/W) _____	
Email: _____	