



TEXAS SOUTHERN UNIVERSITY

VOLUNTEER RELEASE AND INDEMNIFICATION AGREEMENT

VOLUNTEER: (Name and Address)

COLLEGE/DEPARTMENT:

DESCRIPTION OF VOLUNTEER'S ACTIVITY: _____

LOCATION: _____ DATE(s): _____

This form must be signed by each volunteer who will volunteer at Texas Southern University. Volunteers under age 18 must have this form signed by a parent or legal guardian.

I, the above named volunteer, am eighteen years of age or older and I ACKNOWLEDGE and UNDERSTAND that I am volunteering my services to Texas Southern University ("TSU") gratuitously and of my own free will, without any express or implied promise by TSU for remuneration, compensation or benefits, including insurance. I acknowledge that within the course and scope of my activities as a volunteer, I may be exposed to accidents or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such risks.

In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health and of my injury or death that may occur while I am acting within the course and scope of my activities as a volunteer and I hereby release TSU, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my activities as a volunteer, whether caused by negligence of TSU, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless TSU and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while acting as a volunteer.

I ACKNOWLEDGE and UNDERSTAND that there has been, and will be, no promise of future employment with TSU. I ACKNOWLEDGE and UNDERSTAND that I am not an agent of TSU and I will not make any commitment on behalf of TSU. I ACKNOWLEDGE and UNDERSTAND that my services as a volunteer can be terminated at any time by me or by TSU.



TEXAS SOUTHERN UNIVERSITY

I ACKNOWLEDGE and UNDERSTAND that I may be exposed to confidential information while participating as a volunteer and I agree to respect the confidential nature of all information, whether in files or in electronic form, and/or any other confidential information which may be revealed to me in any other manner (including contacts with third parties who relate confidential information to TSU). I also agree not to remove any such information, or any copies thereof or other recording whatsoever from TSU's work locations. I represent and warrant that I am not currently representing a member of, and/or associated with any person or entity against any TSU interests. I further agree that I will not represent any person or entity in the future in a matter adverse to TSU on which I worked a volunteer. I represent and warrant that I have never been charged with or convicted of a violation of any criminal statute, whether felony or misdemeanor, (excluding parking violations) and further represent and warrant that I am not now or have never been on any form of parole, probation or deferred adjudication. I hereby authorize TSU to research my personal background, as it deems necessary, for my driving record and criminal history. I further authorize TSU to perform a drug test if my volunteer services include safety impact duties.

I hereby grant TSU full and complete permission to use in legitimate promotions of the University photographs, video shots, images, voice and quotations from me, as the University deems appropriate.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE SERVING IN MY CAPACITY AS A VOLUNTEER AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Volunteer Signature

Volunteer Printed Name

Student ID/ Driver's License Number

Date

Emergency Contact Name and Number

Relationship

(If Volunteer is under 18, Parent or Legal Guardian must complete the information below)

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Driver's License Number

Date

Note: Modification of this Form requires approval by the Office General Counsel.