



## City of El Paso Volunteer Consent and Release from Liability

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 202\_ on behalf of \_\_\_\_\_, volunteer my services to the City of El Paso and understand that I will not be an employee, and thus no compensation is expected in return for services provided. The City will not provide any benefits traditionally associated with employment. I am responsible for my own insurance coverage in the event of personal injury or illness as a result of participation in activities of the City. I understand that my participation is entirely voluntary and that there may be a risk of bodily injury.

I hereby release and hold harmless the City of El Paso and its officers, directors, employees, advisors, agents, patrons, and other volunteers from any and all liability, all claims including negligence, any loss, cost, or damage to me or my property, and demands of whatever kind or nature arising out of and/or in connection with my activities and/or time spent in connection with this volunteer assignment or one-day/short duration special project and/or event.

I understand and acknowledge that this Release discharges the City from any liability or claim I may have against the City with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide as a volunteer to the City.

I affirm that I understand I am responsible for my medical bills if injury occurs. Further, I understand that the City does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability benefits, or insurance of any nature in the event of injury, illness, death, or damage to my property. I expressly waive any such claim for compensation or liability on the part of City.

I further authorize the pursuit of emergency care for myself in the event that I sustain an injury while volunteering. The terms of this waiver also apply to any claims arising from the manner or mode of either administering or securing emergency medical care. I understand the City is not bound to secure such treatment in the event an injury should occur.

This waiver shall be binding upon the undersigned, his heirs and assignees.

*(Signatures to follow)*

I have read the full text of this Volunteer Release of Liability form and I understand and agree to its terms and conditions. I hereby, express my understanding and intent to enter into this Release knowingly and voluntarily.

Name of Event if applicable: \_\_\_\_\_

Affiliated Department: \_\_\_\_\_

Duration of Event: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent if Volunteer is under 18 years old: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_



## City of El Paso Volunteer-One-Day and Short Duration Event

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 202\_ on behalf of \_\_\_\_\_, volunteer my services to the City of El Paso and understand that I must submit a volunteer application through the City of El Paso's employment website if I intend to volunteer for a long-term or short-term time frame.

I affirm that since a background check has not been done, I have provided the Human Resources with any additional information they may need to determine my eligibility to volunteer.

I agree to indemnify, defend and hold harmless the City and its employees for any and all claims, losses, damages, suits, costs (including attorney's fees and defense costs), regardless of the outcome of such claims or actions, arising out of or relating to any allegedly negligent or intentional act or omission on my part.

I have read the full text of this one day and short duration event form and I understand and agree to its terms and conditions. I hereby, express my understanding and intent to enter into this Release knowingly and voluntarily.

Name of Event: \_\_\_\_\_

Affiliated Department: \_\_\_\_\_

Duration of Event: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent if Volunteer is under 18 years old: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_