

Volunteer Program



Carrollton Public Library @ Hebron & Josey
4220 N. Josey Lane, Carrollton, TX 75006

Special Event/One Day Project Volunteers

Special Event/Project: FRIENDS of the Carrollton Public Library Book Sale DATE: _____

Your Organization or Group: _____

Name _____

Date of Birth _____ Email address _____

Address _____ City _____ State ____ Zip _

Home Phone _____ Cell Phone _____

In case of emergency please notify:

Name _____ Relationship _____ Phone _____

WAIVER OF LIABILITY, RELEASE, AND INDEMNITY AGREEMENT

WAIVER OF LIABILITY

IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATING IN THE VOLUNTEER PROGRAM ("PROGRAM") AND RECOGNIZING THAT THE ACTIVITIES RELATED TO PERFORMANCE OF THE PROGRAM MAY INVOLVE CERTAIN INHERENT DANGERS, I DO HEREBY AGREE TO ASSUME THE RISKS ATTENDANT TO SUCH ACTIVITY, TO INCLUDE BUT NOT LIMITED TO: PROPERTY DAMAGE OR PERSONAL INJURY TO [MYSELF / MY CHILD] RESULTING FROM THE ACTS, ERRORS, OMISSIONS OR NEGLIGENCE OF THE CITY, CITY EMPLOYEES, THIRD PARTIES, [MYSELF / MY CHILD] OR OTHER PROGRAM PARTICIPANTS. I HEREBY WAIVE ALL CLAIMS, RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY, OFFICIALS, AGENTS AND EMPLOYEES, IN BOTH THEIR PRIVATE AND PUBLIC CAPACITIES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, DEMANDS, OR CAUSES OF ACTION WHICH MAY ARISE FROM [MY / MY CHILD'S] PARTICIPATION IN THE PROGRAM

FURTHER, I, ON BEHALF OF [MYSELF / MY CHILD], AND [MY / MY CHILD'S] HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, FOREVER RELEASE AND DISCHARGE ANY AND ALL RIGHTS, DEMANDS, CLAIMS AND CAUSES OF SUIT OR ACTION, KNOWN OR UNKNOWN, WHETHER ARISING NOW OR IN THE FUTURE, THAT I MAY HAVE AGAINST THE CITY, FOR ANY AND ALL INJURIES, INCLUDING DEATH AND PROPERTY DAMAGE IN ANY MANNER ARISING OR RESULTING FROM MY PARTICIPATION IN THE PROGRAM. I HEREBY AFFIRMATIVELY STATE THAT I HAVE CAREFULLY READ THIS RELEASE, KNOW THE CONTENTS OF THE RELEASE AND SIGNED THE RELEASE OF MY OWN FREE WILL.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND DURING THE INTERVIEW PROCESS IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OR SIGNIFICANT OMISSIONS OF ANY INFORMATION MAY BE CONSIDERED JUSTIFICATION FOR NON-ACCEPTANCE OR DISMISSAL IF DISCOVERED AT A LATER DATE AND THAT APPOINTMENT TO A VOLUNTEER POSITION MAY BE CONTINGENT UPON THE COMPLETION AND REVIEW OF A CRIMINAL BACKGROUND CHECK.

PRINT NAME _____

SIGNATURE _____ DATE _____

PRINT PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____ DATE _____