TEXAS TREES FOUNDATION

VOLUNTEER RELEASE FORM

In return for receiving permission from the Texas Trees Foundation to allow me to participate as a volunteer I agree to assume all risks of loss and injury that may arise out of participation.

I herby release and agree to indemnify Texas Trees Foundation and their respective agents, officers, and employees from any and all liability, claims, demands, and causes of action whatsoever, related to any loss or damage to my person or property whether anticipated or unanticipated. This release shall be binding on me, my heirs, successors, assigns, administrators and/or executors.

I realize that working as a volunteer may involve the use of tools as well as digging and lifting heavy objects. I will be working around other participants who may not be accustomed to this type of labor. I am aware of the risks and hazards inherent in participating and do herby assume sole responsibility for all such risks and waive all recourse against Texas Trees Foundation.

I herby acknowledge that I have read, understood and do voluntarily sign the foregoing release.

***Model Release***

***Do you object to being photographed or filmed during your volunteer time?***

***Yes or No (Please circle one)***

Print your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a new volunteer or address has changed in the last 6 months, please complete the following:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we send our e-newsletter to your email address? \_\_\_\_Yes \_\_\_ NO

How did you learn about us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_