

**City of Mesquite
Release and Hold Harmless Agreement
Volunteer Services Program**

I/we, _____, being the parent(s) and/or the legal guardian(s) of _____, do hereby consent to allow _____ to perform volunteer service work for the City of Mesquite. In consideration of being allowed to perform this volunteer service, I/we do hereby release the City of Mesquite and its officials, officers, agents, and employees from liability for any harm, injury or damage which _____ may suffer, sustain, and/or incur while in the course of performing the volunteer work which is assigned. This release applies to all risks which are connected with this work whether foreseen or unforeseen. I/we do understand the supervisor responsible for directing the volunteer work will make an effort to inform _____ of the general hazards involved with the work to be undertaken. This release applies to damages suffered by _____, by myself/ourselves as well as my/our family, heirs, and assigns as a result of any harm or injury which _____ or I/we may suffer.

I/we agree to hold the City of Mesquite and its officials, officers, agents, and employees harmless from any claims made by myself/ourselves, my/our family, estate(s), heirs, or assigns out of _____'s volunteer service for the City of Mesquite.

I/we further agree I/we shall hold harmless, indemnify and defend the City of Mesquite, its officials, officers, agents and employees from any damage to persons or property, resulting from _____'s negligence and/or intentional acts.

I/we further assume the responsibility of the physical fitness and ability to perform the work which is assigned to _____. If I/we do not feel _____ is capable of performing the volunteer work assignment, I/we shall assume the responsibility of informing the volunteer services coordinator.

I/we am/are of lawful age and legally competent to sign this release as the legal guardian(s) of _____ and have signed this document as my/our free act.

I/we have fully informed myself of the contents of this release by reading it by signing it. I/we realize that by signing this document I/we am/are giving up legal rights which I/we may be entitled to.

Date Volunteer

Date Parent or Legal Guardian

Date Parent or Legal Guardian

Emergency Information

In case of emergency, notify: _____

Phone #'s: (Home) _____ (Work) _____

(Mobile) _____ (Pager) _____ (Other) _____

Do you have any medical condition of which we should be aware?

No _____ Yes _____ If yes, describe _____

