



VOLUNTEER RELEASE FOR MY BENBROOK MILE (Adults and Minors) PROGRAM



By signing this Release, I certify that I am over the age of 18 years and wish to provide volunteer services to the City of Benbrook ("the City") for the My Benbrook Mile program AND/OR I am the parent or legal guardian of a minor ("the Minor") who wishes to provide volunteer services to the City for the My Benbrook Mile roadway clean-up program.

In consideration of the permission granted by the City allowing me or the Minor to perform these services as a volunteer, I HEREBY ASSUME ALL RESPONSIBILITY FOR AND RISK OF INJURY THAT MIGHT OCCUR TO ME OR TO THE MINOR OR THE PROPERTY OF EITHER OF US, AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND THE CITY OF BENBROOK, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY AND ALL CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY ME OR THE MINOR IN CONNECTION WITH MY OR THE MINOR'S VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY THE NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF THE CITY OF BENBROOK. FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY OF BENBROOK, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF ME OR THE MINOR PERFORMING VOLUNTEER SERVICES. IF THE PARTICIPANT IS A MINOR, I, AS PARENT OR LEGAL GUARDIAN OF THE MINOR, FURTHER AUTHORIZE THE CITY OF BENBROOK TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR THE MINOR, SHOULD AN APPARENT NEED FOR THIS TREATMENT ARISE.

It is understood that participation in this activity is voluntary for personal and civic reasons without promise, expectation, or receipt of monetary or other compensation.

I do hereby grant to the City, its agents and assignees, the right to perpetually use and publish my name / or the Minor's name, voice, picture, portrait, likeness, testimonial in connection with publicizing or promoting the City, its services or departments and agencies, including news releases and articles to the print media or any publications or videos produced by or through the City. I understand there will be no monetary remuneration for participation in any advertising or promotion.

It is understood that the execution of this Release does not constitute a waiver by the City of Benbrook, its officers, agents, or employees of the defense of governmental immunity, when applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read this Release, that I understand its terms and conditions, that I make this Release voluntarily, and that I have not relied upon any representations made by the City of Benbrook, or its officers, agents, or employees in signing this Release. It is understood that this Release is given by me individually and, if the participant is a minor, as parent or guardian of the Minor. I further certify that I understand that in making this Release I am making a decision of substantial significance concerning myself / the Minor.

Date: ____/____/____

Group/Individual Name	ADULT VOLUNTEER SIGNATURE OR →	MINOR VOLUNTEER SIGNATURE	PRINT MINOR NAME	Parent/Guardian Signature (for minors)	Emergency PHONE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

THANK YOU FOR YOUR PARTICIPATION! PLEASE RETURN TO: AMANDA CHI, FAX: 817-249-0884, PHONE 817-249-6008, EMAIL: AVALDEZ@BENBROOK-TX.GOV; BENBROOK CITY HALL, 911 WINSKOTT ROAD, BENBROOK, TEXAS 76126