

The University of Texas at Austin
VOLUNTEER LIABILITY AND PHOTO RELEASE

Please Print

(VOL-B1 / September 17, 2009)

Last Name	First	Middle	
Address: Street	City	State	Zip Code
Home Phone	Mobile Phone	Email	
Emergency Contact Name	Phone Number(s)		

LIABILITY RELEASE

I understand and agree that I am volunteering solely for personal purposes and without any promise or expectation of compensation, fees, benefits or future employment with the university. I further understand and agree that my volunteer service may be terminated at any time without cause or recourse.

I understand and agree to abide by the rules, policies and procedures of the University of Texas at Austin and all applicable State and Federal laws.

In consideration of my participation as a volunteer, I hereby release and agree to indemnify and hold harmless the University of Texas and its officers, employees and agents from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities or performance of my volunteer work. I agree that all information, property and materials received and/or created by me in connection with performance of my volunteer work are property of the University and I will return them promptly upon request or termination of my service.

I certify that all statements in this application are true and complete to the best of my knowledge. I understand that the University of Texas is a government agency and that this application is a government document and that making false statements on a government document is a violation of law.

Signature of Volunteer

Date

PHOTO RELEASE

In consideration of and as a condition of the volunteer opportunity offered to me by the University of Texas at Austin, I, the above named volunteer, hereby grant the University of Texas at Austin permission to publish and use without obligation in print, electronic or video format, for educational, public relations, publicity and promotional purposes for the use and benefit of the University, any photograph, likeness or image of myself either alone or with others and any stories, illustrations and accounts in which I appear in connection with my volunteer service. I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such material.

Signature of Volunteer

Date

Proof of health insurance is required and must be attached