



VOLUNTEER RELEASE FORM

I, _____, understand and acknowledge the hazards and liabilities that may be incurred by my participation as a Volunteer for the _____ Program offered by Lone Star College System ("LSCS"), LSC-Kingwood

GENERAL DUTIES: _____

I understand that my participation in the Program is not an offer of employment and that I am not entitled to workers' compensation, medical insurance, or any other benefits available to employees of LSCS. I acknowledge that I may be removed from the Program for any conduct or actions that are injurious to the reputation of LSCS. I also understand, on the other hand, that I may terminate my participation at any time. I further acknowledge that I have the permission of my parents/guardians, if applicable, to participate and that I will provide my own travel arrangements and/or vehicle properly insured in accordance with Texas law.

I knowingly and willingly assume all risks and responsibilities of the Program and I and my heirs or assigns hereby release, indemnify, and hold harmless Lone Star College System, its trustees, officers, agents, volunteers, employees or anyone associated with the LSCS in any way, from any and all claims or causes of action, losses, injuries, or liabilities sustained by me for property damage, personal injury, or death regardless of whether those claims or causes of action, losses, injuries, or liabilities are caused by my own negligence or the negligence of Lone Star College System. By signing this agreement, I also consent to have LSCS do a background investigation, which may include fingerprinting, of any possible criminal activity on my part.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent/Guardian if Volunteer is under 18 years of age)

Signature: _____ Date: _____
(LSCS Representative)