



VOLUNTEER RELEASE FORM

I, _____ (“Volunteer”), understand and acknowledge that I have been informed of the hazards and liabilities that may be incurred by my participation as a volunteer for the _____ (“Program”) offered by Lone Star College System (“LSCS”) at _____ (Campus Location).

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 violate LSCS rules or policies, or that are injurious to the reputation of LSCS. I also understand 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 in the Program and that I will provide my own travel arrangements and/or properly insured vehicle 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 LSCS, 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 LSCS.

By signing this agreement, I also consent to allow LSCS to complete a criminal background investigation.

Signature: _____ Date: _____

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

Note: Modification of this Form requires approval of OGC