

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO

VOLUNTEER SERVICE AGREEMENT  
RELEASE, HOLD HARMLESS AND INDEMNIFICATION

I, \_\_\_\_\_, (Volunteer)  
have chosen to participate as a volunteer for the Texas Tech University Health Sciences Center at El Paso (TTUHSC EP) Volunteer Program and agree to assume all risks and responsibilities for participating in the Volunteer Program. I will abide by all applicable TTUHSC EP policies, rules, regulations, and procedures and laws of the State of Texas.

As a volunteer, I understand that I am not insured under the TTUHSC EP Worker's Compensation or any other insurance program.

I agree to perform duties assigned to me without remuneration of any kind, and release TTUHSC EP and the State of Texas from any obligation for the payment of my services.

**IN CONSIDERATION OF PARTICIPATING IN THE TTUHSC EP VOLUNTEER PROGRAM, ON BEHALF OF MYSELF, MY MINOR CHILD, MY REPRESENTATIVES, ESTATE, HEIRS, ASSIGNS AND NEXT OF KIN, I DO HEREBY RELEASE, ACQUIT, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS TEXAS TECH UNIVERSITY SYSTEM, ITS BOARD OF REGENTS BOTH INDIVIDUALLY AND COLLECTIVELY, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES (COLLECTIVELY "INDEMNITEES") FROM ANY AND ALL LIABILITY EVEN THAT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF INDEMNITEES FROM ANY AND ALL CLAIMS, ACTIONS, DEMANDS OR SUITS OF ANY KIND OR CHARACTER EITHER BY COMMON LAW OR STATUTE, WHETHER NOW RECOGNIZED OR NOT, AND INCLUDING, BUT NOT LIMITED TO, ANY COSTS EXPENSES OR PENALTIES.**

I have read this Release, Hold Harmless, and Indemnification Agreement and understand and voluntarily accept the terms. This Agreement shall be construed under the laws of the State of Texas and venue shall be in the state or federal courts of El Paso County.

I certify that I as a Volunteer I am over the age of 18, or as the Parent or Guardian of a Volunteer I am over the age of 18, and have knowingly and voluntarily signed this Agreement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (for Minors only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date