



Volunteer Enrollment Form

First & Last Name:	Name of Parent/Guardian
Email:	Parent/Guardian Cell Number, in case of an emergency:
Phone/Cell Number:	Home Phone Number:
School Name:	School Address:

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") is given on this ____ day of <MONTH>, <YEAR>, by _____ ("Volunteer") in favor of Imagine Beyond Foundation, a Texas based Non-Profit organization, and its directors, officers, employees, and agents, and the heirs, executors, personal representatives, successors and assigns of each of them ("IBF Parties"). Volunteer desires to work as a volunteer on IBF Activities located in and around DFW, Texas or its Chapter(s) and to engage in the other activities related to being a volunteer. Volunteer does hereby freely, voluntarily, and without duress, give this Release under the following terms:

1. Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless each of the IBF Parties from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with respect to the Activities and does covenant not to sue any of the IBF Parties with respect to such matters.

Without limiting the generality of the foregoing, Volunteer understands and agrees that this Release discharges each of the IBF Parties from any liability or claim that Volunteer may have against any of them with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with respect to IBF Activities, whether caused by the negligence of a IBF Party or otherwise. Volunteer also understands and agrees that IBF does not assume any responsibility for or obligation to provide financial assistance or any other assistance in the event of injury or illness.

2. Medical Treatment. Volunteer does hereby release and forever discharge the IBF Parties from any claim whatsoever which arises on account of any first aid, treatment or service rendered in connection with the Volunteer's work on the Volunteer Activities.

3. Assumption of the Risk. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities, whether caused by the negligence of an IBF Party or otherwise.

4. Insurance. Volunteer understands that IBF does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is strongly encouraged to have adequate medical insurance coverage in effect.**

5. Media/Photographic Release. Volunteer does hereby grant and convey unto IBF all rights, title, and interest in any and all photographic images and video or audio recordings made by IBF during the Volunteer's participation and activities in the chapter or outside with respect to the Volunteer Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as, but only as, broad and inclusive as permitted by the laws of the State of Texas. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, all of which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first written above.

Volunteer: _____ Date: _____ IBF Official: _____ Date: _____

PARENTAL PERMISSION

I (we), on behalf of my (our) child and myself (ourselves), do hereby release and forever discharge and hold harmless each of the IBF Parties from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my (our) child's activities as a volunteer with respect to the Volunteer Activities.

Signed this ____ day of <MONTH>, <YEAR> Parent Name (print): _____