

Personal Information

References: *List the name and phone number of two personal references.*

Name: _____

Phone: () _____

Name: _____

Phone: () _____

Emergency contact: _____

Phone: () _____

Relationship: _____

RELEASE AND INDEMNIFICATION AGREEMENT

By signing this form, I understand that the following agreements are a prerequisite to my participation in the volunteer program at Mercer Botanic Gardens (MBG) and, further, I understand that these agreements are made in consideration of MBG and Harris County allowing me to participate in the volunteer program.

I recognize my participation in the MBG program is on a voluntary basis. I understand that MBG volunteers may work with the public, including children, and that a personal background check may be required in order to participate in some volunteer areas. I understand that MBG is under no obligation to use my services in the volunteer program and may terminate the use of my volunteer services at any time without notice to me.

I further acknowledge and understand that I will receive no compensation, wages, insurance coverage, or any other employment benefits for my work at MBG. While providing volunteer services, I will follow any rules or requirements set forth by MBG. I understand that MBG has sole discretion to assign tasks to volunteers and may change these assigned tasks without notice to me.

INDEMNITY AND RELEASE: I, THEREFORE, AGREE TO INDEMNIFY AND HOLD MERCER BOTANIC GARDENS AND HARRIS COUNTY, THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT ARISING OUT OF MY PARTICIPATION IN THE VOLUNTEER PROGRAM AT MERCER BOTANIC GARDENS. I ALSO RELEASE AND HOLD MERCER BOTANIC GARDENS AND HARRIS COUNTY, THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE AND/OR GROSS NEGLIGENCE, WHETHER OR NOT SUCH NEGLIGENCE IS CAUSED BY AN OFFICER, EMPLOYEE, OR VOLUNTEER OF MERCER BOTANIC GARDENS OR HARRIS COUNTY, RESULTING IN ANY INJURY TO MYSELF OR MY PROPERTY BECAUSE OF MY PARTICIPATION IN THE VOLUNTEER PROGRAM.

Signature of Volunteer

or Signature of Parent/Guardian

Complete and return to Volunteer Coordinator:
Mercer Botanic Gardens, 22306 Aldine Westfield Road, Humble TX 77338 * 713.274.4160 *
www.hcp4.net/Community/Parks/Mercer