



Volunteer Release Form

Volunteer Services
P.O. Box 2287, Austin, TX 78768-2287
512-974-7443 or Relay Texas 711
APL.Volunteers@austintexas.gov

Please read and initial each statement below. I hereby release and agree not to hold the City of Austin (COA), Austin Public Library (APL), its officers, agents and employees from any and all claims of any kind arising from service as a volunteer and due to the ordinary negligence of the City. I further agree to the following:

_____ I acknowledge that I am a volunteer and have no expectation of compensation. I understand that the COA may, at any time, for whatever reason, make changes in my assignment or terminate my volunteer assignment with the COA. I understand that I may decide to sever my volunteer relationship with the COA at any time, and notice of such decision must be communicated in writing as soon as possible to the Volunteer Services Coordinator and my supervisor.

_____ I understand and agree as a volunteer that this Release discharges the City of Austin from any liability or claim that I may have against the COA with respect to bodily injury, personal injury, illness, death, or property damage that may result from my activities with the COA, whether caused by negligence of the COA or its officers, directors, employees, agents, or otherwise.

_____ I understand the COA does not assume any responsibility for and has no obligation to provide financial or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

_____ I agree to release and hold harmless the COA from claims of any kind that may arise out of my performance as a volunteer. I waive any right of action against the COA in consideration of being allowed to serve as a volunteer.

_____ I acknowledge that I have **(CIRCLE ONE)** a) received a physical copy of the Library's Volunteer Handbook **OR** b) asked for a digital copy of the Library's Volunteer Handbook to be sent to my email.

_____ I agree it is my responsibility to read and understand the Library's Volunteer Handbook. I understand and agree to abide by all policies and procedures of the COA and Austin Public Library relating to the performance of duties and responsibilities assigned to me, including but not limited to policies regarding work place conduct, safety, honesty and attendance. I agree Library policies may change at our discretion and without advance notice. I understand failure to follow Library policies and procedures may result in my release from volunteer service.

_____ I understand that my assigned duties may include work that may be hazardous to me, including but not limited to: construction, loading and unloading activities and transportation to and from work sites. I hereby expressly and specifically assume the risk of injury or harm inherent in any of my assigned activities and release the COA from all liability for injury, illness, death or property damage resulting from these activities.

_____ I understand and agree that, in the course of my (or my child) participation as a volunteer, I (or my child) may have access to information or security related items that are confidential due to security concerns. I understand and acknowledge that I will not disclose this information or any other security related information to any person without prior approval of the Volunteer Coordinator and/or my supervisor. I understand my volunteer service will be terminated if I improperly disclose this or any other confidential information.

_____ I grant the COA, the Austin Public Library (APL), its successors, assignees, and licensees the **perpetual right** to photograph, film, use and reproduce, as the City desires, photographs, videotapes, likenesses, audio recordings, images, or quotes taken of me and/or my child during any volunteer activity. I understand that I will not receive any compensation for my/my child's participation in the photographs, videotapes, likenesses, audio recordings, images, or quotes and the COA shall own all right, title, and interest in the photographs, videotapes, or audio recordings, including the portions that contain the images and voices of me and/or my child.

I certify that I have read and understand the above agreement and agree that my service as a volunteer with the COA is subject to these terms. This Release Form is effective for one year or for the length of this volunteer assignment, whichever is greater, unless revoked in writing by either party.

Volunteer Name (PRINT) Volunteer Signature Date

If volunteer is under 18, I certify that I am the parent/legal guardian and have carefully read and understand this release and agree with all of its terms and conditions.

Parent/Legal Guardian Name (PRINT) Parent/Legal Guardian Signature Date



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The City of Austin and the Austin Public Library are committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. For assistance and accommodations please call: 512-974-7449.