



Harris County
Public Health
Building a Healthy Community

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, desire to provide services to Harris County, through Harris
(Print First and Last Name)

County Public Health (HCPH) on a voluntary basis between

_____ and _____
(Month/Day/Year) (Month/Day/Year)

I understand this Agreement is made in consideration of Harris County allowing me to provide volunteer and/or intern services. Harris County is under no obligation to allow me to volunteer my services and may terminate its permission at any time, with or without cause, without notice to me. I understand I will receive no compensation, wages, insurance coverage, or any employment benefit from Harris County. I agree to follow any requirements of the Executive Director of HCPH. **I UNDERSTAND THAT I MAY BE EXPOSED TO HAZARDOUS MATERIALS OR PEOPLE, AND I ASSUME THE RISK.**

INDEMNITY AND RELEASE:

I AGREE TO INDEMNIFY AND HOLD HARMLESS HCPH AND HARRIS COUNTY, INCLUDING OFFICERS, EMPLOYEES, AND AGENTS OF HARRIS COUNTY AND HCPH, 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 ACTIVITIES. I ALSO RELEASE AND HOLD HARMLESS HCPH AND HARRIS COUNTY, INCLUDING OFFICERS, AGENTS, AND EMPLOYEES, FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE AND/OR GROSS NEGLIGENCE, WHETHER OR NOT AN INJURY TO ME OR TO MY PROPERTY IS CAUSED BY HARRIS COUNTY AND HCPH, INCLUDING ALL OFFICERS, EMPLOYEES, AND AGENTS OF HARRIS COUNTY AND HCPH, WHETHER OR NOT SUCH NEGLIGENCE IS CAUSED BY AN OFFICER, EMPLOYEE, OR AGENT OF HCPH OR HARRIS COUNTY.