



Release and Indemnification Agreement

I, _____, understand that the following agreements are a prerequisite to my participation in the Harris County Medical Reserve Corps (MRC) Program sponsored by Harris County Public Health (HCPH) and, further, I understand that these agreements are made in consideration of HCPH allowing me to participate in the MRC program.

My participation in the MRC program is voluntary. I understand HCPH is under no obligation to use my services in the MRC program and may terminate my participation at any time, with or without cause, without notice to me. I further understand that I will receive no compensation, wages, insurance coverage, or any other employment benefits for my participation in the MRC program. While participating in the MRC program, I will follow any rules or requirements set forth by HCPH. I understand that HCPH has sole discretion to direct my activities and may change those assigned activities without notice to me.

Confidentiality Statement. I hereby acknowledge my responsibility and agreement under applicable Federal and Texas law and this document, to keep confidential any information regarding health information of any person, living or dead, obtained by or revealed to me in any manner while participating in the MRC program, except as required by law or authorized by HCPH.

Indemnity and Release: I AGREE TO INDEMNIFY AND HOLD THE HARRIS COUNTY MEDICAL RESERVE CORPS, HARRIS COUNTY PUBLIC HEALTH, HARRIS COUNTY, THE CITY OF HOUSTON, EACH AND EVERY MUNICIPALITY AND GOVERNMENTAL UNIT WITHIN HARRIS COUNTY, AND 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 OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE HARRIS COUNTY MEDICAL RESERVE CORPS PROGRAM. I ALSO RELEASE AND HOLD THE HARRIS COUNTY MEDICAL RESERVE CORPS, HARRIS COUNTY PUBLIC HEALTH, HARRIS COUNTY, THE CITY OF HOUSTON, EACH AND EVERY MUNICIPALITY AND GOVERNMENTAL UNIT WITHIN HARRIS COUNTY, AND THEIR OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ALL CLAIMS OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, GROSS NEGLIGENCE, WHETHER OR NOT SUCH NEGLIGENCE IS CAUSE BY AN OFFICER, EMPLOYEE, OR VOLUNTEER IN THE HARRIS COUNTY MEDICAL RESERVE CORPS PROGRAM, OR HARRIS COUNTY PUBLIC HEALTH, OR HARRIS COUNTY, OR CITY OF HOUSTON, OR ANY MUNICIPALITY AND GOVERNMENTAL UNIT WITHIN HARRIS COUNTY, RESULTING IN ANY INJURY TO MYSELF OR MY PROPERTY BECAUSE OF MY PARTICIPATION IN THE HARRIS COUNTY MEDICAL RESERVE CORPS PROGRAM. THIS INDEMNITY AND RELEASE IS BINDING ON ME, MY FAMILY, ESTATE, HEIRS, AND ASSIGNS.