

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
VOLUNTEER SERVICES**

VOLUNTARY SERVICE AGREEMENT

I, _____ have chosen to participate as a volunteer for the Texas Tech University Health Sciences Center El Paso Volunteer Program. **I assume all risks and responsibilities** for participating as a volunteer in the volunteer program. As a volunteer, I understand that I am **not insured under the institution's Worker's Compensation and liability insurance programs**. I agree to perform the job assigned to me **without remuneration** of any kind. I release the institution and the State from any obligation for the payment of my services. I agree to **abide by all the institutional policies, rules, regulations, and procedures as well as the applicable laws of the State of Texas**.

I agree to indemnify and hold harmless Texas Tech University Health Sciences Center El Paso, its Board of Regents, and its agents and employees from any and all liabilities for personal injuries, death, or damage to property arising from any act or omission, negligent or otherwise, of said Texas Tech University Health Sciences Center El Paso officers, agents and employees acting within the official capacity or normal course and scope of employment at TTUHSCEP. The terms thereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family.

Signature of Applicant Date

Signature of Parent/Guardian Date
(Teens only)

Witness Date