



**Important: Each volunteer must sign the “Release and Waiver Liability” before working at FitZip.org/Earn-A-Bike Co-op. Read this waiver very carefully before you sign.**

Waiver applicable 1 year from date of signature. Waiver of Liability for Minors (age 14 - 17)

This release and Waiver of Liability (the “Release”) executed in favor of FITZIP.ORG/EARN-A-BIKE CO-OP. a nonprofit corporation organized and existing under the laws of the State of Texas, USA and FitZip.org/Earn-A-Bike Co-op. and their directors, officers, employees, and agents (collectively, “FitZip.org/Earn-A-Bike Co-op.”).

The Minor \_\_\_\_\_, desires to work as a volunteer for FitZip.org/Earn-A-Bike Co-op. and engage in the activities related to being a volunteer for a work project. I, the legal guardian \_\_\_\_\_, hereby freely and voluntarily, without duress, execute this Release under the following terms:

**1. Waiver and Release.** The guardian and minor release and forever discharges and hold harmless FitZip.org/Earn-A-Bike Co-op. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the minor’s volunteer work at FitZip.org/Earn-A-Bike Co-op.. The guardian/volunteer understands and acknowledges that this Release discharges FitZip.org/Earn-A-Bike Co-op. from any liability or claim that guardian and minor may have against FitZip.org/Earn-A-Bike Co-op. with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation on the FitZip.org/Earn-A-Bike Co-op. worksite. It is also understood that FitZip.org/Earn-A-Bike Co-op. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage

**2. Insurance.** The guardian and minor understands that we expressly waive any such claim for compensation or liability on the part of FitZip.org/Earn-A-Bike Co-op. beyond what may be offered freely by the representative of FitZip.org/Earn-A-Bike Co-op. in the event of such injury or medical expense.

**3. Medical Treatment.** The guardian and minor hereby release and forever discharge FitZip.org/Earn-A-Bike Co-op. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minors time with FitZip.org/Earn-A-Bike Co-op..

**4. Assumption of Risk.** The guardian understands that the minors time with FitZip.org/Earn-A-Bike Co-op. may include activities that may be hazardous to them including, but not limited



to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from work sites. We recognize and understand that the minor's time with FitZip.org/Earn-A-Bike Co-op. may, in some situations, involve inherently dangerous activities. As the guardian for the said minor I hereby expressly assume the risk of injury or harm in these activities and release FitZip.org/Earn-A-Bike Co-op. from all liability for injury, illness, death or property damage resulting from the activities at FitZip.org/Earn-A-Bike Co-op.

5. Photographic Release. As the guardian of said minor I grant and convey unto FitZip.org/Earn-A-Bike Co-op. all right, title, and interest in all photographic images and video or audio recordings made by FitZip.org/Earn-A-Bike Co-op. during the minor's work with FitZip.org/Earn-A-Bike Co-op.

6. Other. As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas.

I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this release, which shall continue to be enforceable.

To express my understanding of this Release, I sign here.

Name of Legal Guardian\_\_\_\_\_

Name of dependent/minor\_\_\_\_\_

Signature of Legal Guardian\_\_\_\_\_

Signature of Minor\_\_\_\_\_

Address of Legal Guardian\_\_\_\_\_

Phone number of Legal Guardian\_\_\_\_\_

Organization\_\_\_\_\_

Date\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_

Phone number\_\_\_\_\_