



# UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO

In consideration of my participation or the participation of my child in the **University Medical Center Foundation of El Paso (“Foundation”) Volunteer Corps**, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against the Foundation, it’s parent corporation, **EL PASO COUNTY HOSPITAL DISTRICT, D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO (“EPCHD”)**, its affiliate(s) of EPCHD, and any other sponsor or provider of the activity, their officers, directors, employees, agents, and volunteers (hereinafter “Releasees”) from any and all liability to me, my child, my personal representatives, heirs or assigns, for any and all loss or damage on account of any injury to my person, my child/children or property or resulting in my death or death of my child/children arising out of or related in any way to my participation or my child’s/children’s participation in the activity.

I expressly release Releasees from any injuries and/or damages that I, or my child may suffer as a participant in the **Foundation Volunteer Corps.**, whether caused by active or passive, ordinary or gross negligence.

I further agree to indemnify and hold harmless Releasees from any and all claims, demands or liability in breach or violation of the terms of the Release.

I certify I and/or my child/children am/are physically able to participate in the event.

I grant permission to Releasees to use my name, likeness in any photographic, videographic, electronic, or other record of the **El Foundation Volunteer Corps.**

This Release is intended to be as broad and inclusive as permitted under Texas or federal law. If any portion or provision of this Release is held to be invalid, I agree that the balance of the Release shall continue in full force and effect.

**I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.**

**I AM AWARE THIS IS A RELEASE OF LIABILITY AND I KNOW THAT MY SIGNING THIS MAY AFFECT MY LEGAL RIGHTS.**

**I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL.**

**I AM AT LEAST 18 YEARS OF AGE. (If not 18 years old, please have adult representative complete form)**

**I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED HEREIN AND I REPRESENT THAT THEY ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Residence Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date of Birth

In case of **Emergency**,  
please contact: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

Printed Name

**IF NOT AT LEAST 18 YEARS OF AGE, ADULT REPRESENTATIVE MUST SIGN AND COMPLETE:**

\_\_\_\_\_  
Legally Responsible Adult Person (Parent, Guardian, Relative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residence Address of Legally Responsible Person, if different from Participant

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Relationship of Participant’s representative to Participant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number