

# Battered Women's Foundation

## Release of Liability

I, \_\_\_\_\_ (client/volunteers/parents/speaker/agents) will completely and wholly release, indemnify and hold harmless the Battered Women's Foundation, BWF Staff, counselors, event hosts, Churches, or their officers, agents, independent contractors, volunteers employees, churches or businesses hosting events, apartment complexes, Tarrant Area Food Bank or any other for any and all claims, damages, harm, personal injury including death, property damage, lawsuits, lost or stolen items, and judgments including court costs, expenses and reasonable attorney's fees; and all other expenses resulting from any services provided by the Battered Women's Foundation in Ft. Worth Texas. I will not smoke or drink alcohol at BWF Events.

I give BWF permission to use my photos and release photos to BWF for fellow agencies for any purposes to be used in newsletters or any media publications.

It is the understanding of all parties that this release, indemnity and hold harmless agreement shall apply whether or not the claims, damages, lost or stolen items, harm, personal injury including deaths, property damage, lawsuits, judgments court costs, attorney's fees, or any other expenses arise from the negligence of whatever nature, omissions, willful or unintentional acts of the vendor(s), officers, agents, employees, volunteers and other representatives, invitees, licenses or guests.

BWF warrants and represents that the individual whose signature appears below is duly authorized to execute this agreement on behalf of the organization or other entity.

In the event of an emergency, I give permission for myself and my children to receive any medical care deemed necessary by this or any organization and agree to pay all charges pertaining to that care. Insurance carrier/ policy number \_\_\_\_\_.

I give permission to any BWF agents or staff to release records to the Battered Women's Foundation to complete my BWF Application.

Children under 21 are not covered under our liability insurance.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Brenda Jackson/or BWF Staff**

\_\_\_\_\_  
**Parent Signature, if under 21**

\_\_\_\_\_  
**Date:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone or Cell Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_