



RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer/Intern”) releases RAICES, a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors, employees, clients.

(“Volunteer/Intern”) understands that the scope of (“Volunteer/Intern”) relationship with Nonprofit is limited to a (“Volunteer/Intern”) position and that no compensation is expected in return for services provided by (“Volunteer/Intern”); that Nonprofit will not provide any benefits traditionally associated with employment to (“Volunteer/Intern”); and that (“Volunteer/Intern”) is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of (“Volunteer/Intern”) services to Nonprofit.

RAICES and it’s employees will not be held responsible or liable by me in any way whatsoever as a result of any incident which might be construed to adversely affect me or my health, safety or welfare.

I have fully disclosed to the appropriate RAICES staff information about my physical and mental health which might affect my performance as an (“Volunteer/Intern”), and I acknowledge full responsibility for any consequences of my failure to disclose that information.

By signing below, I express my understanding and intent to enter into this Release & Waiver of Liability knowingly and willingly.

Signature

Date

Name printed

Parent of legal guardian if under 18