



I grant my permission for the City of Seagoville to run a criminal history check on me.

I also extend my permission to the individuals and organizations contacted to provide all pertinent information in determining my suitability for volunteer service. **ALL APPLICANTS** are expected to: Participate in any required training; carry out City of Seagoville employees' instructions; and follow all City of Seagoville rules – dress code, professionalism, etc.

WAIVER AND RELEASE

As a participant in the City of Seagoville Volunteer Program I understand my participation may include activities that are off-site, including trips, tours, outings and excursions at locations other than the Animal Shelter, or the municipal facilities of the City of Seagoville. In consideration for receiving permission for myself to participate in the City of Seagoville Volunteer Program, I DO HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS THE CITY OF SEAGOVILLE, TEXAS, ITS AGENTS, REPRESENTATIVES, VOLUNTEERS AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, LIABILITIES, DAMAGES, PERSONAL INJURIES INCLUDING DEATH, PROPERTY DAMAGE, ECONOMIC LOSSES, OR LOSS OF ANY OTHER NATURE OR CAUSE INCLUDING COSTS AND ATTORNEYS FEES IN CONNECTION WITH OR ARISING FROM MY PARTICIPATION IN THE CITY OF SEAGOVILLE VOLUNTEER PROGRAM, **INCLUDING DAMAGES AND/OR INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF THE CITY OF SEAGOVILLE OR ITS EMPLOYEES OR PARTICIPANTS IN THE PROGRAM.**

It is further agreed that the execution of this release shall not constitute a waiver by the City of Seagoville of the defense of governmental immunity or any other defense.

\_\_\_\_\_  
Signature of Applicant

-OR-

I further attest that I am the parent or guardian of the minor child, and that I have the legal right and authority to enter into this agreement on behalf of the minor and myself.

\_\_\_\_\_  
Signature of Parent/Guardian

I hereby **grant/do not** grant permission for the City of Seagoville Volunteer Program to use the visual depiction of my minor child \_\_\_\_\_ for the purpose of training, advertising, publicity and promotion of the City of Seagoville. I affirm to the use of my child's appearance and I agree to hold the City of Seagoville harmless from any and all liability, which the City of Seagoville may incur as a result of my child's appearance.

\_\_\_\_\_  
Signature of Parent/Guardian

I hereby acknowledge that the above information is correct to the best of my knowledge. I understand that the information that I have provided is subject to verification by the City of Seagoville. I understand that any falsification of information prohibits my participation in or immediate dismissal from volunteer services for the City of Seagoville.

I authorize any person holding information on me, related to my application, to release it to the City of Seagoville and I shall receive no payment for my services. No contract agreement of employment is created by any written or oral representations made in connection with the Volunteer Program or in connection with any other program of the City of Seagoville. I understand that I am not an employee of the City of Seagoville, rather a volunteer who serves at the will of the City of Seagoville. I have no expectation of continuing my participation in the program. As a volunteer, I may be dismissed from the program at any time, for any reason or the program may be discontinued at any time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (for minors): \_\_\_\_\_ Date: \_\_\_\_\_

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**For Official Use Only**

DPS Records Screen \_\_\_\_\_ please initial      Approved: \_\_\_\_ Yes \_\_\_\_ No      \_\_\_\_\_ please initial

**The City of Seagoville will make reasonable accommodations upon request for qualified individuals with disabilities.**