

**CITY OF BURLESON ANIMAL SHELTER  
RELEASE FOR VOLUNTEERS**

**STATE OF TEXAS           §**  
  **§**  
**COUNTY OF JOHNSON   §**

I, \_\_\_\_\_, am over the age of 18 years and wish to provide volunteer services on the property of the City of Burleson at the Burleson Animal Shelter. I recognize that in handling animals and performing other volunteer tasks, there exists a risk of physical injury, including, but not limited to that which could be caused by the animals. In consideration of the permission granted to me by the City of Burleson to participate in this volunteer work, on behalf of myself, my heirs, personal representatives, and executors, I HEREBY ASSUME ALL RESPONSIBILITY AND RISK OF INJURY THAT MIGHT OCCUR TO ME OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND THE CITY OF BURLESON, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY ME IN CONNECTION WITH MY VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY THE NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF THE CITY OF BURLESON.

FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY OF BURLESON, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY PERFORMING VOLUNTEER SERVICES.

I further understand and agree that as a volunteer, I am not an officer, agent, or employee of the City of Burleson, and that my service in volunteer activity shall not be construed or interpreted as that of an officer, agent, or employee of the City, and that the doctrine of respondeat superior shall not apply between the City of Burleson and me.

**AGREED** to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in Burleson, Texas.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Printed)

Address: \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME** on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Notary's Name