Form No.: OGC-S-2019-16

				<u>ORM</u>
Volunteer's Name				
Department/Organization	Vo	olunteer Position		
Date of Birth				
Volunteer Position/Job Duties Sumn	<u>nary</u>			
My name is			n the Parent/Legal gu	
a student volunteer for the organization. I have reviewed the Volfor him/her to participate as a stude position may be terminated at any time with all University rules, policies, are authorize for indemnify, and hold harmless the University officers, agents, and employees for a any negligent or intentional acts of volunteer. I certify that I hat and I aground System, its institutions and each of claims resulting from or relating to a in sign	olunteer Position Int volunteer. I Ine by either part Ind procedures, Interpreted the Re Interpreted the Interpreted Interpreted the Interpreted Interpreted the Interpreted the Interpreted Interpreted the Interpreted the Interpreted Interpreted Interpreted the Interpreted Interpret	n/Job Duties Summary understand that this ty. I also understand in addition to all appelease and Indemnification System, its instity, or damage to propauthority and candemnify, and hold his, officers, agents, and in my legal capacity	y, and I am granting my is an unpaid position are and agree that he/she molicable state and federation Form, and I agree autions and each of their perty that may arise as in his/her cap apacity to act on armless the University of demployees from and	permission and that the ust comply ral laws. to release, a result of bacity as a behalf of Houston against al
Parent's or Guardian's Signature		Date		
Print Parent or Guardian Name				

Note: Modification of this Form requires approval of OGC