

## Baylor Scott & White Medical Center – Lakeway Volunteer Waiver of Liability

Effective Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer Name: \_\_\_\_\_

I, the above listed Volunteer, desire to work as a volunteer for Baylor Scott & White Medical Center – Lakeway LLC (“BSWMCL”) and engage in the activities related to being a volunteer for a hospital. I hereby voluntarily execute this Volunteer Waiver of Liability (“Waiver”) under the following terms:

I, the Volunteer, release and hold harmless BSWMCL, its parent, subsidiaries, affiliated and related companies, owners, members, successors, assigns, directors, officers, employees, representatives, and agents from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with BSWMCL.

I, the Volunteer, understand that this Waiver discharges BSWMCL from any liability or claim that I may have against BSWMCL with respect to bodily injury, personal injury, illness, death, or property damage that may result from my volunteer work with BSWMCL. I also fully understand that BSWMCL does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of BSWMCL beyond what may be offered freely by the representative of BSWMCL in the event of such injury or medical expense.

I, the Volunteer, hereby release BSWMCL from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with BSWMCL.

I, the Volunteer, understand that my time with BSWMCL may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release BSWMCL from all liability for injury, illness, death, or property damage resulting from the activities of my time with BSWMCL.

I, the Volunteer, grant to BSWMCL all right, title, and interest in any and all photographic images and video or audio recordings that are made by BSWMCL during my work with BSWMCL, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I, the Volunteer, expressly agree that this Waiver will be governed under the laws of the State of Texas and is intended to be as broad and inclusive as permitted under Texas law. I agree that if any provision of this Waiver is held to be illegal, invalid, or unenforceable under current or future laws, such illegality, invalidity, or unenforceability will not affect any other provision of this Waiver and such invalid, illegal, and unenforceable provision will be reformed and construed so that it will be valid, legal, and enforceable to the maximum extent permitted by Texas law.

\_\_\_\_\_  
Volunteer’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BSWMCL Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Volunteer’s Name

\_\_\_\_\_  
Print BSWMCL Representative’s Name