RELEASE FROM LIABILITY WAIVER ASSUMPTION OF RISK AGREEMENT

Handling machinery, heavy equipment and some recyclable materials (i.e., glass) can be dangerous. As a volunteer, you are not covered by Workers Compensation Insurance, nor does Ecology Action of Texas, Inc., have liability coverage for injury of volunteers. We ask that all volunteers accept full responsibility for their own safety.

For minors: I am giving permission for my dependent(s) to work at an Ecology Action of Texas, Inc., recycling location, with the understanding that anyone under the age of 18 is prohibited from operating any machinery.

WAIVER OF LIABILITY

(To be read and signed by all persons intending to do volunteer work for Ecology Action of Texas, Inc.)

I acknowledge that I and/or my dependent(s) have voluntarily applied to participate with Ecology Action of Texas, Inc., without pay as a volunteer.

I and/or my dependent(s) am/are aware that activities involving the handling of machinery and/or materials can cause injury. I am voluntarily participating in these activities with the knowledge that medical coverage is not available in the event of illness or injury to myself or my dependent(s). This release is intended to be broad in its effect. I hereby agree to accept any and all risk of injury, illness or death, and verify this statement by placing my signature below.

As consideration for being permitted to participate in these activities and use their tools and facilities, I hereby agree that I, any assignees, heirs, guardians and legal representatives will not make a claim against, sue or attach the property of Ecology Action of Texas, Inc., its directors, officers, agents, employees or volunteers for injury, illness or damage resulting from negligent, intentional or other acts. I hereby release Ecology Action of Texas, Inc., from all actions claims or demands that I, or my representatives, now have or may hereafter have, for injury, death or damage resulting from my participation in Ecology Action of Texas, Inc., activities.

I and/or my dependent(s) have carefully read this assumption of risk, and I and/or my dependent(s) fully understand its contents. I am aware that this is a release of liability and a

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legal contract between myself and Ecology Action of Texas, Inc., and that it affects my legal rights. I am signing this document of my own free will.

I understand that Ecology Action of Texas, Inc., cannot be liable for any injuries or illness that I or my dependent(s) may suffer. I expressly waive any such claim for compensation or liability on the part of Ecology Action of Texas, Inc., beyond what may be offered freely by the representative of Ecology Action of Texas, Inc., in the event of such injury or medical expense.

| In case of emergency, please contact: | | |
|---|------------------------------------|------------------|
| Relationship: | | |
| Phone: | | |
| Signature | | Date |
| Print name | | |
| | IF VOLUNTEER IS UNDER | 18 YEARS OF AGE: |
| Signature of Parent/Guardian: | | |
| Print name of parent/guardian: | | |
| Name of dependent(s) less than 18 years | ears of age and covered by waiver: | |