



P.O. Box 35052 Fort Worth, TX 76162

### Indemnity Agreement

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

**Roll Call Fort Worth**  
P.O. Box 35052  
Fort Worth, TX 76162  
Phone Number (817) 888-0209  
Email: kelli@roll-call.org

&

\_\_\_\_\_  
Legal Name, AKA (Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Email address

This Indemnity Contract hereby declares that \_\_\_\_\_ holds harmless  
[Print your name here]

**Roll Call**, its directors, officers, or agents of the association or a person who serves at the request of the association as a director, officer, or agent from any claims or court proceedings that may arise out of \_\_\_\_\_'s volunteer activities  
[Print your name here]

associated with **Roll Call**.

**Roll Call** and \_\_\_\_\_ agree to the following conditions:

That \_\_\_\_\_ shall hereby hold harmless **Roll Call**, its  
[Print your name here]  
directors, officers, employees, or agents of the association or a person who serves at the request of the association as a director, officer, or agent from any and all actual or alleged claims, demands, liability, loss, and / or injury to property or persons, whether this is brought by



P.O. Box 35052 Fort Worth, TX 76162

individual or another legal entity, or imposed by a court of law that may arise out of any acts, omissions, negligence or misconduct of \_\_\_\_\_.  
[Print your name here]

indemnification shall apply to and include without limitation the payment of all penalties, fines, attorneys' fees, and related costs and any reimbursements to \_\_\_\_\_ for all legal expenses.  
[Print your name here]

I have agreed to work as a volunteer for **Roll Call** and do so of my own free will. As a volunteer I am not an employee or agent of **Roll Call**. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that **Roll Call** does not offer health insurance, workers' compensation insurance, or any such employee benefit to volunteers. As a volunteer I agree to maintain my own health insurance during my time as a volunteer for **Roll Call**. (This waiver also may mandate auto liability insurance).

By signing this waiver, I, \_\_\_\_\_ accepts the organization's  
[Print your name here]  
bylaws, mission statement, best practices, etc. The volunteer assumes personal liability for acting against the bylaws, missions statement, best practices, etc. The volunteer also agrees to defend the organization against such accusations.

No supplement or modification of this Agreement shall be binding unless it is executed in writing and signed by both of the above mentioned parties.

If any legal action is brought forth in connection with this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees in addition to any additional relief entitlement.

Each party to this Indemnity Contract hereby warrants that they both have the legal power and right to make this Agreement and bind each party.



# **ROLL CALL**

P.O. Box 35052 Fort Worth, TX 76162

## **Applicable Law**

This contract shall be governed by the laws of the State of Texas in Tarrant County and any applicable Federal Law.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Volunteer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Roll Call Representative Printed Name

\_\_\_\_\_  
Roll Call Representative Signature

Date \_\_\_\_\_