

## Alternate Workforce Waiver / Training Document

Task Title/Main Duty: \_\_\_\_\_

I, \_\_\_\_\_, in consideration of being accepted as a participant in the ("Program"), sponsored by the Texas Parks and Wildlife Department ("Department") hereby release, discharge and agree to hold harmless the Department, its agents, employees, officers and successors, from and against all liability, claims, demands, and judgments which the undersigned, may have, or which my heirs, executors, administrators or assigns may have or claim to have against the Department, its successors, employees or officers for all personal injuries (including death), known or unknown or damage to property caused by or arising out of activities in the above described Program. My signature on this document indicates that I have been informed and trained on the check-marked items listed below.

- Applicable department information, policy and work rules
- Insurance coverage or insurance requirements
- Job safety, hazardous materials and applicable safety rules
- Standard Operating Procedures for operating vehicles, machinery, equipment, tools
- Proper use of Personal Protection Equipment
- Proper conduct, behavior, expectations, sexual harassment, discrimination and consequences for violations
- Coordinator to report to and chain-of-command
- Level of authority, spending authority, flexibility for making decisions
- Use of identification
- Tax deduction information

	Record of Hours of Service ↑	Hours	Hrs./Mo.	Hrs./Yr.
Tasks and Responsibilities:				
Time Frame/Schedule:				

Expected Results: Safe work practices and successful completion of the assigned projects.

I also agree to faithfully fulfill my obligation as a participant; Seek and accept the guidance and support needed to complete all assigned tasks; Present a positive image that speaks well of the Texas Parks and Wildlife Department; Actively participate as a team member with others on the staff and at the work site; Abide by the Conduct, Operation and Safety rules that exist within the Department and at the work site.

**Restrictions:** A participant may not be placed in any duty situation considered hazardous; A participant will take no law enforcement actions; A participant's personal property is not covered by the state if lost, broken or stolen, even if used in the line of duty. Therefore, the participant, when possible, should use work site equipment or insure his or her own equipment.

I understand that either the Department or myself may cancel this agreement and my participation at any time. **I have carefully read this agreement and release and understand all its terms. I execute it voluntarily and with full knowledge of its legal consequences.**

\_\_\_\_\_  
Club or Group

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Parent or Guardian Signature when applicable

\_\_\_\_\_  
TPW Representative Signature

\_\_\_\_\_  
TPW Representative Title