

**ALAMOSA PUBLIC LIBRARY
TAX ASSISTANCE PROGRAM ACKNOWLEDGMENT
AND RELEASE FROM LIABILITY**

1. I am aware that the volunteers providing advice as part of Alamosa Public Library's Income Tax Assistance Program (the "Project") are not professionals and are providing financial assistance as a free service to the community. I understand and agree that the City of Alamosa and the Alamosa Public Library are not responsible for any acts or omissions by the volunteers or entities providing financial services, including but not limited to the income tax services or information provided to me by the volunteers in connection with the Project. Risks involved with accepting advice of the volunteers associated with the Project include possible assessment of penalties for incorrectly prepared tax returns. I accept such advice, other volunteer services and financial services with knowledge of the risks involved and agree to accept any and all risks of damages or other injury.

2. As consideration for receiving services in connection with the Project, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the City of Alamosa or its employees, agents, volunteers or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, volunteers or contractors. I HEREBY RELEASE AND DISCHARGE THE CITY OF ALAMOSA, AND ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE OR MAY HAVE IN THE FUTURE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

3. The City has my permission to use any photos or videos taken during my participation in the Project in order to promote the City, its programs, or events.

4. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Date: _____

Client Signature

Printed Name