

2019 Fort Lauderdale Turkey Trot

Volunteer Waiver

VOLUNTEER INFORMATION

DATE ___/___/___

VOLUNTEER NAME _____

ADDRESS _____

PHONE NUMBER (___) ___-____

EMAIL _____

ARE YOU OR ARE YOU PLANNING TO BE A *REGISTERED PARTICIPANT* IN THE 2019 TURKEY TROT?
(PLEASE CIRCLE) **YES - OR- NO**

PLEASE LIST ANY PHYSICAL LIMITATIONS OR PREFERNCES FOR EVENT DAY ASSISGNMENTS:

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

CONTACT PHONE _____

2019 Fort Lauderdale Turkey Trot

Volunteer Waiver

I, the above listed Volunteer, desire to work as a volunteer for the 2019 Fort Lauderdale Turkey Trot and engage in the activities related to being a volunteer for a work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc. and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates 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 the Fort Lauderdale Turkey Trot.

I understand that this Waiver discharges the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc., and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates from any liability or claim that I, the Volunteer, may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Fort Lauderdale Turkey Trot's work site. I also fully understand that the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc. and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates 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 the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc. and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates beyond what may be offered freely by the representative of the Fort Lauderdale Turkey Trot in the event of such injury or medical expense.

I hereby release the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc. and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates 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 the Fort Lauderdale Turkey Trot.

I understand that my time with Fort Lauderdale Turkey Trot 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 the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc. and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Fort Lauderdale Turkey Trot.

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I grant unto the Fort Lauderdale Turkey Trot, MedPro Healthcare Staffing, Leadership Broward Foundation, Inc. and their officers, directors and employees, volunteers, participants, agents, sponsors, and affiliates all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Fort Lauderdale Turkey Trot during my work with the Fort Lauderdale Turkey Trot, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

Volunteer's Signature

Date

Print Volunteer's Name

If Volunteer is Under 18, Parent or Legal Guardian's Signature

Date

Printed Parent or Legal Guardian's Name
