

CLASS B - EVENT VOLUNTEER RELEASE FORM

(Class B: Single day, Single event/Fundraiser, Healthy Athletes)



NAME:	FIRST:	LAST:
STREET ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	E-MAIL:	
COUNTY:		
COMPANY/SCHOOL/ORGANIZATION:		
EMERGENCY CONTACT:	PHONE:	
AGE RANGE:	UNDER 15	15-17
		18 and Older
Volunteers under 15 must be accompanied by an adult		
EVENT:		

SPECIAL OLYMPICS FLORIDA RELEASE

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably. I understand that Special Olympics Florida may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Special Olympics Florida and volunteers is an "at will" arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Florida or at my option and that Special Olympics Florida may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Florida and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, print, film and on Special Olympics Florida and Special Olympics, Inc.'s website(s) or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

I (and/or my minor children) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises (the "Released Parties") on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor children) may incur as a result of participating and further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the Released Parties, I will indemnify, save and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE.

VOLUNTEER'S SIGNATURE: _____	DATE: _____
PARENT/GUARDIAN'S SIGNATURE IF VOLUNTEER IS A MINOR: _____	DATE: _____
PRINTED NAME OF PARENT/GUARDIAN: _____	
PHOTO ID/VOLUNTEER IDENTITY VERIFICATION: (To be filled out at check-in)	
Valid Photo ID Presented or Visual ID Check performed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate your preferred t-shirt size - all sizes adult, no children's sizes :			
Small ___	Medium ___	Large ___	Extra Large ___ XX Large ___ XXX Large ___
Please indicate day(s) & shift(s) you can commit to volunteer.			
** Please only check multiple shifts if you are able to volunteer for ALL of them. **			
10/6/18 Day 1 (Saturday)	<input type="radio"/> 7:00 am – 12:00pm	<input type="radio"/> 11:30: am – 4:30pm	<input type="radio"/> 5:30 pm – 9:30pm**
10/7/18 Day 2 (Sunday)	<input type="radio"/> 8:00 am – 2:00 pm		**At the IG Center in Vero