



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on (date) _____
by (name of the volunteer candidate) _____ (Volunteer)

releases Imagine Our Florida, Inc. (IOF), a non-profit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, volunteers, and agents. The Volunteer desires to provide volunteer services for IOF and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer's relationship with IOF is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that IOF will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless IOF and its successors and assigns 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 the services I provide to IOF. I understand and acknowledge that this Release discharges IOF from any liability or claim that I may have against IOF with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to IOF or occurring while I am providing volunteer services.

2. Insurance: Further I understand that IOF does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of IOF beyond what may be offered freely by IOF in the event of such injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge IOF from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with IOF.

4. Assumption of Risk: (A) I understand that the service I provide to IOF may include activities that may be hazardous to me including, but not limited to, bites, scratches, slips, trips, falls, ringworm, parasites, zoonotic illness, lifting injuries, loss of personal property, damage to apparel or personal property or exposure to cleaners, involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release IOF from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services. (B) I understand that IOF is not responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold harmless and release from liability IOF should I become sick or injured from any animals as a result of my volunteer work.

5. Photographic Release: I grant and convey to IOF all rights, title and interests in any and all photographs, images, video or audio recordings of me or my children or my likeness or voice made by IOF in connection with my providing volunteer services to IOF.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release 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 Release is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name of Volunteer _____

Signature _____ Date _____

If Volunteer is under the age of 18, a parent or guardian must sign the release on their behalf.

Name of Parent or Guardian _____

Signature _____ Date _____