

Student Volunteer Release Form

Student Name:	Phone:
E-mail:	School:
In consideration for the opportunity to pr basis (collectively, "Volunteering") at and	rovide services and engage in related activities on a volunteen during
	on/
Event Name	Date
(collectively, the "Releasees") that I will mereleasees, or any of their respective office successors and assigns for or on account of or arising out of Volunteering at the Evon behalf of myself on account of any injure Event, I will be personally responsible to respective officers, staff, employees, membed each of them harmless against any a related costs incurred by such Releasee. absolute right and permission, to use, re-user or video of me, or in which I may be included form, in brochures and other materials Event (collectively, the "Materials") in pertot this agreement, shall be interpreted and competent jurisdiction finds any provision	ncil of Greater Weston, Inc. ("ACGW"), the City of Westor of sue or bring any legal action or proceeding against any of the ers, staff, employees, members, affiliates, legal representatives of any loss, damage, injury or death that I may sustain by virtue ent. I further agree that in case any action being brought for our or damage sustained by me while Volunteering or during the point and agree to repay to, any of the Releasees or any of their bers, affiliates, legal representatives, successors and assigns and amounts recovered in connection with any such action and all I further give ACGW, or anyone authorized by ACGW, the use, edit, publish and republish photographic portraits, pictures add in whole or in part, or composite or distorted in character which promote, publicize, advertise, and otherwise exploit the repetuity. The validity, construction, and all other matters related governed by the laws of the State of Florida. If any court of this agreement to be unenforceable or invalid, then such that of the court's finding without affecting the enforceability or visions.
I,	, the parent or legal guardian of
Release. I represent that I have the legal hereby indemnify and hold harmless the F members, affiliates, legal representatives, assessed against them as a result of any in behalf of Minor in signing the Waiver and	("Minor") hereby sign the foregoing by bind myself, Minor, and all other assigns to the terms of this capacity and authority to act for and on behalf of Minor and Releasees and any of their respective officers, staff, employees successors and assigns for any and all claims and liabilitie nsufficiency of my legal capacity or authority to act for and on Release. I hereby authorize any licensed physician, emergency cal care facility to treat Minor for the purpose of attempting to nor arising out of or relating to the Event.
Signature of Parent or Legal Guardian	Date
Phone Number	

After you have filled out and signed this form, please scan and email to: cfernandez@1weston.com.