

Student Volunteer Release Form

Student Name:	Phone:
E-mail:	School:
In consideration for the opportunity to basis (collectively, "Volunteering") at an	provide services and engage in related activities on a volunteer d during
	on/
Event Name	Date
(collectively, the "Releasees") that I will Releasees, or any of their respective off successors and assigns for or on account of or arising out of Volunteering at the I on behalf of myself on account of any in Event, I will be personally responsible respective officers, staff, employees, menhold each of them harmless against any related costs incurred by such Release absolute right and permission, to use, reor video of me, or in which I may be into or form, in brochures and other materia Event (collectively, the "Materials") in prochastic to this agreement, shall be interpreted a competent jurisdiction finds any provis	ouncil of Greater Weston, Inc. ("ACGW"), the City of Weston not sue or bring any legal action or proceeding against any of the ficers, staff, employees, members, affiliates, legal representatives, to of any loss, damage, injury or death that I may sustain by virtue Event. I further agree that in case any action being brought for or nijury or damage sustained by me while Volunteering or during the to, and agree to repay to, any of the Releasees or any of their mbers, affiliates, legal representatives, successors and assigns and amounts recovered in connection with any such action and all e. I further give ACGW, or anyone authorized by ACGW, the e-use, edit, publish and republish photographic portraits, pictures cluded in whole or in part, or composite or distorted in character, ls which promote, publicize, advertise, and otherwise exploit the perpetuity. The validity, construction, and all other matters related and governed by the laws of the State of Florida. If any court of ion of this agreement to be unenforceable or invalid, then such ent of the court's finding without affecting the enforceability or rovisions.
I,	, the parent or legal guardian of
Release. I represent that I have the legal hereby indemnify and hold harmless the members, affiliates, legal representative assessed against them as a result of any behalf of Minor in signing the Waiver at medical technician, hospital or other medical	("Minor") hereby sign the foregoing reby bind myself, Minor, and all other assigns to the terms of this all capacity and authority to act for and on behalf of Minor and all eReleasees and any of their respective officers, staff, employees es, successors and assigns for any and all claims and liabilities insufficiency of my legal capacity or authority to act for and or and Release. I hereby authorize any licensed physician, emergency edical care facility to treat Minor for the purpose of attempting to Minor 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: claudina.fernandez@yahoo.com.