



Volunteer Registration and Liability Waiver

Please Print

Name: _____ Phone: _____

Address: _____

Street

Apt. #

City

State

Zip Code

In consideration of being permitted to participate in **"REBUILDING TOGETHER OF THE PALM BEACHES,"** I _____, for myself and my personal representatives, assigns, heirs, and next of kin, do HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **"REBUILDING TOGETHER OF THE PALM BEACHES,"** its sponsoring agencies, its directors, officers, agents servants, employees, and assigns (hereafter collectively referred to as "RELEASEES") from all liability to me, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore, on account of injury to person or property, including injury resulting in my death, whether cause by the negligence of RELEASEES or otherwise occurring when I am participating in the **"REBUILDING TOGETHER OF THE PALM BEACHES"** campaign to be held all year and HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEES from and loss, liability, damage, or cost including attorney's fees, RELEASEES may incur due to my participation in the **"REBUILDING TOGETHER OF THE PALM BEACHES"** campaign.

I EXPRESSLY AGREE that the foregoing release, waiver and indemnity is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full force and effect. In the event that any portion of this release is held invalid, I further agree that any claims arising hereunder are to be submitted to arbitration under the laws of the State of Florida.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representatives, statements, or inducements apart from the foregoing written agreements have been made.

Signature

Date

If under 18, Signature of Parent/Guardian



Volunteer Information Form

Date: _____

Name: _____

Home Address: _____
Street Apt./Suite #
City State Zip Code

Telephone #: _____ Email Address: _____

Employer: _____
Corporate Name Business Telephone #
Address Suite #
City State Zip Code

Are you volunteering as part of a church, business or other group? If YES, which group?

Organization Name

Team Leader: _____

Age (if under 21) _____

Signature Date

***** SEE REVERSE SIDE FOR LIABILITY WAIVER *****

FORM MUST BE RETURNED TO TEAM LEADER

7501 North Jog Road • West Palm Beach, FL 33412 • (561) 697-2700 • Fax – (561) 640-3400