





Zeta Phi Beta Sorority, Inc. GirlTREK Walking Crew WALK THE PARKS WITH PALM BEACH COUNTY ZETAS

Sistenhood Saturdays

Weekly walk locations will be shared every Friday via Chapter social media pages and Girl Trek South Florida Page

Omicron Delta Zeta Chapter

Every Second Saturday at 8:30am

Sara Sims Park Boynton Beach, FL 33435

Please dress comfortably, grab a water bottle, and lace up your sneakers!

odzdelray@gmail.com

www.OutstandingODZ.com











ZETA PHI BETA SORORITY, INC. Omicron Delta Zeta Chapter

PO Box 8324 Delray Beach, FL 33482



WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Participant's Name:		<u></u>
Waiver of Liability, Assumption of Risland Consideration of being permitted to paralle Incorporated Omicron Delta Zeta Chapter Entress activity herein after referred to as the representatives or assigns, do hereby release to hold harmless Zeta Phi Beta Sorority, Incomicron Delta Zeta Chapter and each of Defficers, directors, employees, agents, volocarticipants in said Activity from any and delinesses (including death), and property lease own/my child(ren)/minor(s) of whom craveling to and from the Activity or as a mentioned or described entities or individed	tricipate in any war's "Zetas Have the "Activity", I ase, waive, fore incorporated and the above mentiunteers, member all claims arisinoss, regardless of I am the legal Cresult of any act	way in Zeta Phi Beta Sorority, Heart" health, wellness and physical for myself, for my heirs, personal ver discharge, covenant not to sue and d Zeta Phi Beta Sorority, Incorporated oned entities' Boards of Trustees, their rs and assigns, or any and all other for from personal injury, accidents or of fault, as a result of, but not limited to guardian, participating in the Activity,
Signature of Participant	Date	
Signature of Farticipant	Date	
PLEASE NOTE: If participant is under 18 year	rs of age, a parent o	or legal guardian must sign below.
Assumption of Risks and Medical Release Participation in the Activity carries with it regardless of the care taken to avoid injuring Activity to another. I am aware of and und activity and exertion and agree to consult understand that Zeta Phi Beta Sorority, Internal Medical costs I incur as a result of permission to receive emergency medical connection with the Activity and release, insurer's rights and rights of subrogation to Incorporated and Zeta Phi Beta Sorority, connection with such emergency medical that are inherent in the Activity. I hereby knowingly assume all such risks.	t certain inherenties. The specific derstand the heat a physician prior accorporated and excorporated and existence and/or first forever discharge to make any clair Incorporated Of care and/or first a	c risks vary from one physical fitness lth risks associated with physical or to participating in the Activity. I Zeta Phi Beta Sorority, Incorporated overage and I am responsible for any in the Activity. I give consent and that aid if such becomes necessary in the period of the per
Signature of Participant	Date	
PLEASE NOTE: If participant is under 18 year	rs of age, a parent o	or legal guardian must sign below.
Signature of Parent/Guardian of Minor	Date	

ODZ Waiver of Liability Page 1 of 2

Indemnification and Hold Harmless:

I also agree to indemnify and hold harmless Zeta Phi Beta Sorority, Incorporated and Zeta Phi Beta Sorority, Incorporated Omicron Delta Zeta Chapter and each of the above mentioned entities' Boards of Trustees, their officers, their directors, their employees, their agents, their volunteers, their members and assigns, and any and all other participants in said Activity, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my own/my daughter's/my son's/the minor's, of whom I am Guardian, involvement in said Activity, traveling to and from the Activity, or as a result of any act of negligence by any of the above mentioned or described entities or individuals and agree to reimburse them for any such expenses incurred.

Severability:

The undersigned further expressly agrees that the foregoing Waiver of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding:

I represent and warrant to Zeta Phi Beta Sorority, Incorporated and Zeta Phi Beta Sorority, Incorporated Omicron Delta Zeta Chapter that I am of legal age and I have the authority to enter into this agreement. I have read this waiver of liability, assumption of risk and medical release, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to file a lawsuit against Zeta Phi Beta Sorority, Incorporated and Zeta Phi Beta Sorority, Incorporated Omicron Delta Zeta Chapter. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release/waiver of all liability, assumption of risk and agreement to indemnify to the greatest extent allowed by law.

Signature of Participant	Date
PLEASE NOTE: If participant is under 18 yea	ars of age, a parent or legal guardian must sign below.
Signature of Parent/Guardian of Minor	Date

ODZ Waiver of Liability Page 2 of 2



ZETA PHI BETA SORORITY, INCORPORATED AND AUXILIARIES

PHOTO RELEASE FORM

City, State, Zip	
Activity Subject	
Activity Location	
In consideration of my participation in the activity described Form. I grant Zeta Phi Beta Sorority, Incorporate employees, agents, representatives, and licensees permituse my name, image and likeness, with or without my refor any other lawful purpose, in any publication and example and not limitation, posting a photo of me from (collectively, "Reproduction") without further consideratile, and interest in and to all such Reproductions as we such rights in all media and by any means now known on perpetuity.	ed (the "Sorority"), and its volunteers ission to copy, edit, publish and otherwish name, including for marketing purposes of d in any medium, including, by way of the activity on a social media web site eration. I assign to the Sorority all right well as the unencumbered right to exercise
I hereby hold harmless and release and forever dis	·
employees, agents, representatives, and licensees, from which I or the undersigned or any respective heirs, ex- may have resulting by reason of this Photo Release For	ecutors, administrators or assigns have of
which I or the undersigned or any respective heirs, ex	ecutors, administrators or assigns have om. I BEFORE SIGNING BELOW AND
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which I or the undersigned or any respective heirs, exmay have resulting by reason of this Photo Release Form I HAVE READ THIS PHOTO RELEASE FORM FULLY UNDERSTAND THE CONTENTS, MI PHOTO RELEASE FORM: (Signature) (Printed Name) If the person signing is under age 18, there must be con I hereby certify that I am a parent or guardian of	ecutors, administrators or assigns have om. I BEFORE SIGNING BELOW AND EANING, AND IMPACT OF THI (Date) (Date) seent by a parent or guardian, as follows:, named above