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| **NAME:** | **FIRST:** | **LAST:** |
| **STREET ADDRESS:** |
| **CITY/STATE/ZIP:** |
| **PHONE:**  | **E-MAIL:** |
| **COUNTY:** |
| **COMPANY/SCHOOL/ORGANIZATION:** |
| **EMERGENCY CONTACT:** | **PHONE:**  |
| **DATE OF BIRTH (MM/DD/YYYY)** | **FEMALE MALE OTHER GENDER IDENTITY** |
| **RACE/ETHNICITY (OPTIONAL):** American Indian/Alaskan Native Asian American Black or African American Native Hawaiian or Pacific Islander More than one race White or Caucasian Hispanic or Latinx Prefer not to answer  |
| **EVENT:**  |
| **WOULD YOU LIKE MORE INFORMATION ABOUT ONGOING VOLUNTEERING? YES NO** |

**SPECIAL OLYMPICS FLORIDA RELEASE**

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably. I understand that Special Olympics Florida may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Special Olympics Florida and volunteers is an “at will” arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Florida or at my option and that Special Olympics Florida may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Florida and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, print, film and on Special Olympics Florida and Special Olympics, Inc.’s website(s) or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

I (and/or my minor children) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises (the “Released Parties”) on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor children) may incur as a result of participating and further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the Released Parties, I will indemnify, save and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

**I/WE HAVE READ AND UNDERSTAND THIS RELEASE.**

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| **VOLUNTEER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PARENT/GUARDIAN’S SIGNATURE IF VOLUNTEER IS A MINOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |