VOLUNTEER WAIVER AND RELEASE

Participant:			
Ī	Last	First	MI
Address:			Apt
City & State:			Zip:
Telephone: Home:		Cell:	
I intend to volunteer at			("Organization") on days

and at times agreed upon by me and the Organization ("Services"). The volunteer services shall generally consist of the following types of activities:

1. I acknowledge and agree that I am required to act and perform any services in a mature, responsible and professional manner at all times during the Services and further acknowledge and agree that I will be held responsible for my own behavior.

2. I acknowledge and agree that I must observe all federal, state and local laws and all rules, regulations and policies of Florida Atlantic University ("University") and the Organization.

3. In exchange for the University arranging for me to participate in the Services, I give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property.

4. In exchange for the University arranging for me to participate in the Services, I, on behalf of myself, my spouse, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of participating in the Services. I release and forever discharge and covenant not to sue the Florida Atlantic University Board of Trustees, the Florida Board of Governors, and the State of Florida, their respective officers, agents, employees, and representatives ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by me, whether caused by my action or negligence or the action or negligence of Releasees or third parties in connection with the Services. I also agree not to sue Releasees in connection with any such harm, loss, damage or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releases by any entity based upon my participation in the Services. Notwithstanding the foregoing, nothing herein shall limit or affect my rights to workers compensation benefits as a volunteer pursuant to Florida law.

5. I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida.

6. I acknowledge and agree that my participation in the Services may cease at any time at my request or at the request and discretion of the University or the Organization.

7. I acknowledge and agree that volunteers are not considered employees of the University or the Organization, but that I am entitled to workers compensation and state liability protection under the same conditions as state employees in accordance with Chapter 440 and 768.28 of the Florida Statutes.

I have read, understand, and acknowledge each term of this Release and have voluntarily executed this Release.

Volunteer's Signature		
(I certify that I am 18 years of age or older)		

Parent/Guardian's Signature (If Volunteer is under 18 years of age) Date