NEIGHBOR VOLUNTEER OFFICE
Volunteerism: The Spirit of Fort Lauderdale

Event: _____   **Date:** _____

Event manager: _____   **Contact number:** _____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

Name: _____ **Phone:**(___) ___-_____ **E-mail:**_____

Address:_____**Sign:**_____

(7 sign ups per page)

WAIVER FOR PARTICIPANT

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of this registration in the activities provided by the City of Fort Lauderdale;

RELEASE AND WAIVER OF CLAIMS: I, for myself and for my heirs, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and my minor child's or ward's heirs, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my child's or ward's participation in activities offered by the City of Fort Lauderdale ("City") and Broward Health at the Fort Lauderdale Beach Community Center, and do hereby release, discharge, and covenant not to sue, City, Broward Health, and its officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I or my minor child or ward might have against City, or its officers, employees, agents, and volunteers, for any reason, including any of the released parties negligence, and agree to indemnify and hold harmless City, Broward Health, and its officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my or my minor child's or ward's participation in any activity offered by City and Broward Health at the Fort Lauderdale Beach Community Center.

PHOTO RELEASE: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself or the program participant(s) for publicity purposes.