

CLASS B - EVENT VOLUNTEER RELEASE FORM

(Class B: Single day, Single event/Fundraiser, Healthy Athletes)



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.

VOLUNTEER’S SIGNATURE: _____	DATE: _____
PARENT/GUARDIAN’S SIGNATURE IF VOLUNTEER IS A MINOR: _____	DATE: _____
PRINTED NAME OF PARENT/GUARDIAN: _____	

Please indicate day(s) & shift(s) you can commit to volunteer.

**** Please only check multiple shifts if you are able to volunteer for ALL of them. ****

10/1/22 Day 1 (Saturday)	<input type="radio"/> 7:00 am – 12:00pm	<input type="radio"/> 11:30: am – 4:30pm	<input type="radio"/> 5:30 pm – 9:30pm**
10/2/22 Day 2 (Sunday)	<input type="radio"/> 8:00 am – 2:00 pm		**At the IG Center in Vero

PHOTO ID/VOLUNTEER IDENTITY VERIFICATION: (To be filled out at check-in)
Valid Photo ID Presented or Visual ID Check performed: <input type="checkbox"/> Yes <input type="checkbox"/> No