

Event Location \_\_\_\_\_ Position held \_\_\_\_\_

## **VOLUNTEER LIABILITY RELEASE**

I, \_\_\_\_\_ the undersigned volunteer of Somebody Cares Tampa Bay, understand that I am not an employee, agent, subcontractor, or independent contractor of or any agent of Somebody Cares Tampa Bay. I further understand Somebody Cares Tampa Bay will not provide me with any pay, compensation, insurance, worker's compensation, or any other benefit to which an employee may be entitled.

In consideration of my being allowed to work as a volunteer for the purpose of general event help or for any other purpose, I, the undersigned, hereby release, forever discharge, and agree to indemnify and to hold harmless Somebody Cares Tampa Bay and its officers, directors, employees, agents, contractors, subcontractor and partners from and against any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, and including, without limitation, attorney fees and court costs, and any and all other liabilities of any nature whatsoever which may be incurred by me or which may arise from my activities as a volunteer.

By signing this form I am acknowledging photo release permission for CareFest week/CareFest Day.

My birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_ [if under 18, the volunteer must also obtain the parent/guardian release below  check here if you need community service hours letter]

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Volunteer Signature Clearly print - Volunteer Name

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
(please print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(please print)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **Parental/Guardian Release**

In addition to the above waivers and releases, I, the parent/guardian of the above-named volunteer who is under the age of 18 years, do for myself, for the other parent of the child, if any, and or on behalf of my child volunteer hereby release, forever discharge, and agree to indemnify and to hold harmless Somebody Cares Tampa Bay and its officers, directors, employees, agents, contractors, subcontractor and partners from and against any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, and including, without limitation, attorney fees and court costs, and any and all other liabilities of any nature whatsoever which may be incurred by my child volunteer or which may arise from the child volunteer's activities for Somebody Cares Tampa Bay.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Clearly Print



P. O. Box 4486, Clearwater, FL 33758  
727-536-2273 www. sctb.org