

RELEASE AND WAIVER

In consideration of the permission granted me by the Garden Club of Coral Springs, to participate as a volunteer in the Gardenfest Coral Springs Volunteer Services activities and any and all related events and activities, I the Undersigned for myself, my heirs, assigns and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE GARDEN CLUB OF CORAL SPRINGS AND ITS AGENTS AND OFFICERS from all liability to the Undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of my death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my participation in this activity or event.

I certify and warrant that I am in good physical condition and able to participate as a volunteer in the above activity or event, and do agree to do so at my own risk.

I expressly agree and acknowledge that my participation in the above referenced activity is as a volunteer and not as an employee of the Garden Club of Coral Springs and that I understand and agree that I shall not accrue nor shall I be entitled to any employee benefits or other incidents of employment by virtue of this agreement .

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This release and Waiver contains the entire agreement between the Undersigned and THE GARDEN CLUB OF CORAL SPRINGS and the terms of this Release and Waiver are contractual and not a mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20_____.

(Name of Minor Child Participating)

By: _____
(Print Name of Parent/Guardian Signature of Parent/Guardian)

I asked the Signator if he/she understood what is being signed.

Witness: _____

Return to: The Garden Club of Coral Springs FAX: 954-755-7924

Emergency Contact Name and Phone Number _____