

Coconut Grove Pumpkin Patch, LLC
Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ (name of volunteer candidate) ("Volunteer") releases Coconut Grove Pumpkin Patch, LLC, a corporation organized and existing under the laws of the State of Florida, and each of its parent companies, directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Coconut Grove Pumpkin Patch, LLC and engage in activities related to serving as a volunteer for the 2017 Boca Pumpkin Patch Festival.

Volunteer understands that the scope of Volunteer's relationship with Coconut Grove Pumpkin Patch, LLC is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that Coconut Grove Pumpkin Patch, LLC will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Coconut Grove Pumpkin Patch, LLC.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Coconut Grove Pumpkin Patch, LLC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Coconut Grove Pumpkin Patch, LLC. I understand and acknowledge that this Release discharges Coconut Grove Pumpkin Patch, LLC from any liability or claim that I may have against Coconut Grove Pumpkin Patch, LLC with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Coconut Grove Pumpkin Patch, LLC or occurring while I am providing volunteer services.
2. **Insurance:** Further I understand that Coconut Grove Pumpkin Patch, LLC does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Coconut Grove Pumpkin Patch, LLC beyond what may be offered freely by Coconut Grove Pumpkin Patch, LLC in the event of such injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release 'and forever discharge Coconut Grove Pumpkin Patch, LLC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Coconut Grove Pumpkin Patch, LLC.
4. **Assumption of Risk:** I understand that the services I provide to Coconut Grove Pumpkin Patch, LLC may include activities that may be hazardous to me including, but not limited to heavy lifting and other manual labor. As a volunteer, I hereby expressly assume the risk of injury or harm form these activities and Release Coconut Grove Pumpkin Patch, LLC from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.
5. **Photographic Release:** I grant and convey to Coconut Grove Pumpkin Patch, LLC all rights, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Coconut Grove Pumpkin Patch, LLC in connection with my providing volunteer services to Coconut Grove Pumpkin Patch, LLC.
6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

If Volunteer is under the age of 18, a parent or guardian must sign.

Parent/Guardian Signature

Date