

DEERFIELD THRIFT

165 EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441
(954) 871-9632

Volunteer Release and Waiver of Liability

This release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20_____, by _____ (the "Participant") in favor of **DEERFIELD THRIFT LLC, A FLORIDA CORPORATION**, organized and existing under the laws of the State of Florida, USA, its directors, officers, employees, volunteers and agents (collectively, "Deerfield Thrift").

I, the Participant, desire to volunteer with Deerfield Thrift to engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the activities may include (but are not limited to) stocking merchandise; loading & unloading donations; sorting, folding and hanging clothing; performing basic store maintenance such as cleaning, dusting and organizing; and interacting with customers in a professional manner.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

- 1. Waiver and Release.** I, the Participant, release and forever discharge and hold harmless Deerfield Thrift from any claim or liability that I, the Participant, may have against Deerfield Thrift with respect to any bodily injury, personal injury, illness, death or property damage that may result from my work with Deerfield Thrift. I also understand that DEERFIELD THRIFT does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
- 2. Insurance.** Deerfield Thrift does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A DEERFIELD THRIFT VOLUNTEER.
- 3. Medical Treatment.** I hereby forever release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue Deerfield Thrift 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 any injury, illness or emergency during my time with Deerfield Thrift.
- 4. Assumption of Risk.** I understand that my time with Deerfield Thrift may include activities that may be hazardous to me, including, but not limited to: loading, unloading and stocking merchandise, working with clothing, basic facility maintenance, cleaning and interacting with the public. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Deerfield Thrift from all liability for injury, illness, death, loss or property damage resulting from the activities of my service for Deerfield Thrift.
- 5. Other.** I understand that it is my desire to further the work of Deerfield Thrift by performing services on their behalf. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of Deerfield Thrift. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, United States of America, and all other applicable laws, rules, and regulations wherever found, and that this Release shall be governed by and interpreted in accordance with the internal laws of the State of Florida, United States of America. Jurisdiction and venue for any actions with respect to this Release shall only be had in a tribunal of competent jurisdiction in Broward County, State of Florida, United States of America. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be fully enforceable.

To express my understanding of this Release, I sign here with a witness.

Participant Name (Please print) _____

Witness Name (Please print) _____

Signature: _____ **Date** _____

Signature: _____ **Date** _____

Parent or Guardian: _____ *Date* _____
(Signature Required if Volunteer is a Minor.)

Voluneer's Emergency Contact: _____

Phone #: _____