



Indian River Lagoon Envirothon
VOLUNTEER REGISTRATION FORM

To be signed by all persons engaging in volunteer activities on the date of the activity

Name: _____

Email: _____

Telephone: _____ T-Shirt size: _____

We appreciate your service as an Envirothon volunteer! Please note the following rules:

- ❖ Please plan to arrive at the event by no later than 7:30 a.m. and check in at the Registration table to receive your assignment.
- ❖ Volunteers must wear the provided official event t-shirt. No open-toed shoes are allowed at the event.
- ❖ This is a rain or shine, hot or cold event, please come prepared for the elements.

PLEASE READ CAREFULLY BEFORE SIGNING:

Event Date: 2/26/2021 **Event:** Indian River Lagoon Envirothon

By my signature below, I acknowledge I am over the age of 18, and acknowledge and agree to the following:

1. I certify that I have no medical conditions or restrictions that would prohibit me from acting as a volunteer. The IRL Council ("Council") does not assume any responsibility for evaluating my medical condition or determining my fitness to perform volunteer activities. I must comply with all Council policies and regulations, including safety guidelines.
2. I am not an employee of the Council. At all times I am acting as an unpaid, independent volunteer, and as such, am not entitled to any provision of law regarding Council employment; nor any laws relating to hours of work, rates of compensation, leave time or employee benefits.
3. I recognize and understand that I am at all times responsible for my own safety and the safety of others, and that in performing volunteer activities I may encounter natural or other

hazards. I assume the risk of any such hazards and recognize that I am responsible for staying alert as to potential hazards and taking appropriate steps, including discontinuing any activities that involve a risk of bodily harm.

4. I hereby hold and save the Council, its directors, officers, employees and representatives, harmless from, and agree to indemnify same against, any and all claims and losses that may be made by me or my heirs, spouse, or other persons, for personal injury, loss of life, or property damage that may result from my participation as a volunteer. This waiver and indemnity obligation includes claims based upon my partial or sole negligence or that of the Council.

Signature: _____ **Date:** _____

Address: _____

Please return this form and direct any questions to Kaylene Wheeler at:

wheeler@irlcouncil.org

772-532-8811