



## Calusa Nature Center & Planetarium Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”), executed on \_\_\_\_\_ (date) by \_\_\_\_\_ (“Volunteer”), releases Calusa Nature Center & Planetarium (CNCP), a nonprofit corporation organized and existing under the laws of the State of Florida and each of its trustees, directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for CNCP and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with CNCP is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that CNCP 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 CNCP.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless CNCP and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to CNCP. I understand and acknowledge that this Release discharges CNCP from any liability or claim that I may have against CNCP with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to CNCP or occurring while I am providing volunteer services.
2. Insurance: Further I understand that CNCP 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. I expressly waive any such claim for compensation or liability on the part of CNCP beyond what may be offered freely by CNCP in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge CNCP 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 CNCP.
4. Assumption of Risk: I understand that the services I provide to CNCP may include activities that may be hazardous to me including, but not limited to \_\_\_\_\_ involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release CNCP from all liability.
5. Photographic Release: I grant and convey to CNCP all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CNCP in connection with my providing volunteer services to CNCP.
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 (Or parent/guardian if under 18)

\_\_\_\_\_  
Date