

# Liability Waiver and Photo Release

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I acknowledge that my participation in \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ Park is completely voluntary on my part and is being undertaken without promise or expectation of compensation. I hereby release and discharge Miami-Dade Parks, Recreation and Open Spaces, Parks Foundation of Miami-Dade, Inc. and its affiliates, associates, and agents and any participating organizations, for any claim for damages or injury I may incur resulting from my participation in this voluntary community service event. I understand that my participation may involve a risk of injury and that illness may result directly or indirectly from my participation. I further state that I am in proper condition for participating in these events. I agree to abide by the rules established by above mentioned organizations relative to health and safety requirements. I am aware that due to the requirements of the Shannon Melendi Act, Chapter 26, of the County Code, as a volunteer signing up for this project a background check will be conducted and that for this purpose, MDPH collects driver license numbers for identification and verification, reconciliation, tracking, and record keeping of volunteer events and participants. The driver license numbers provided are used solely as a personal identifier and for the purpose of verifying the volunteer's identity. I understand that any information provided via this waiver will never be shared or revealed to any other organization or entities and will be kept internally and secured by the Human Resources Division, Background Unit of Miami-Dade Parks, Recreation and Open Spaces for the sole purpose of compliance to the governing county ordinance.

I also give my permission to the above referenced organizations participating in this volunteer event to reproduce any photographs or video taken during this project. I understand that this material may be used in various publications, recruitment materials or for other related endeavors. This material may also appear on the any of the above mentioned organization's website. I also realize that I will receive no financial compensation for the use of this material.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ License/State Issued ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**In the event that the participant is a minor, a parent or guardian must sign below:**

I have read the above and make the following release for \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

