

Participant Acknowledgment, Waiver and Release

I hereby grant the Phillip and Patricia Frost Museum of Science, Inc./Frost Science and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of me, or in which I may be included, for any purpose authorized by the Museum, including but not limited to: website use, editorial publications, catalog and advertising use. This grant includes the right to modify and retouch the images in the discretion of Frost Science. I understand that the circulation of such materials could be worldwide and that there will be no compensation to me for this use. Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to the Phillip and Patricia Frost Museum of Science, Inc./Frost Science, and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

I hereby release, indemnify and save harmless the State of Florida and Phillip and Patricia Frost Museum of Science, Inc./Frost Science and their respective officers, agents, directors, trustees, and employees, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto.

I have voluntarily chosen to volunteer with Museum of Science, Inc./Frost Science and I acknowledge that I will comply with all safety measures and other procedures required by Museum of Science, Inc./Frost Science. I will bring my own sun or weather protection (i.e. hat, sunscreen, long sleeves, raincoat etc.), I will wear clothes I am comfortable with getting dirty (including closed toed shoes), and I bring any drinks or snacks I may need.

Volunteer Printed Name: _____

Legal Guardian Printed Name (*if signing for a volunteer under the age of 18*):

Email address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Volunteer Signature : _____ Date: _____

(*or legal guardian if signing for a volunteer under the age of 18*)



The Florida Park Service values your contributions, talents, and service. We are dedicated to ensuring you have quality experiences which are productive, rewarding and memorable. We will provide you as a team member with adequate information, training, encouragement, support, and supervision to ensure your success.

As a short-term volunteer, I agree to:

1. Maintain the FPS high standards of conduct, of customer service and professionalism.
2. Refrain from unprofessional communication, malicious talk, negative criticism, and personal opinions.
3. Carry out only approved assignments and duties as assigned by my supervisor.
4. Implement all FPS safety standards and report unsafe conditions and job-related injuries immediately to supervisory staff.
5. Request clarification of assignments, rules, and policies that I do not understand.

I understand that volunteers are not considered to be employees of the State of Florida; however, volunteers are covered by state liability protection (Section 768.28, F.S.) and by workers' compensation (Chapter 440, F.S.). No other benefits of collective bargaining agreements apply.

I understand my volunteer performance will be evaluated. I also understand my service can be terminated by the FPS with or without cause and I do not have the right to grieve or appeal this decision, or I can terminate my volunteer status at any time with or without cause. I understand that volunteers on duty for the Department may be photographed or videoed and the materials may be used to promote the Department. No further releases are required.

I understand when volunteering for reenactment scenarios in which black powder replica weaponry and/or replica artillery is expected to be present that persons with felony convictions are prohibited by law from the constructive possession of firearms. I affirm as a condition precedent to volunteering in a reenactment that I am not a convicted felon.

I understand that volunteering involves interactions with the public, including people of all ages. I affirm that I have not committed any offense for which I am prohibited from interactions with people of all ages.

I agree _____ **Date** _____
(Volunteer Signature)

I agree _____
(Print Name)