

# Make A Difference Day



**Date:** Saturday, October 28, 2017

**Time:** 8:30 a.m. - Noon



**Where:** Crystal River's Historic Cemetery

This project will include improvements to the cemetery such as raking, mulching, and pulling weeds

**Volunteer Name:** \_\_\_\_\_ ( ) Check if under 18

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**T-Shirt Size:** Kids: S M L XL Adults: S M L XL 1X 2X 3X

**LIABILITY RELEASE** – I hereby release, indemnify and hold harmless the Nature Coast Volunteer Center, Citrus County, Florida, a political subdivision of the State of Florida, the City of Crystal River, Friends of NCVV, and its officers, directors and employees, and the organizers, sponsors and supervisors of all 2017 Make A Difference Day (M.A.D.D.), activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with the 2017 M.A.D.D. event on Saturday, October 28, 2017. To the extent not insured, I likewise release and hold harmless from liability any person transporting me to or from the activities.

**COMMUNICATIONS RELEASE-** I hereby give to the Nature Coast Volunteer Center, their nominees, agents and assigns, my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish, republish or exhibit in the furtherance of its work, with or without identification of me by name, the photographs, videos, or statements taken on this day, Saturday, October 28, 2017, and to disseminate statements referring to me in conjunction therewith if the above organization so desires and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of the above organizations and any of its fund campaigns or any of its activities.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL CONSENT/RELEASE-** If the individual is a minor, (under 18 years of age), the following must be signed by a parent or legal guardian.

I hereby consent and agree, individually, and as a parent or legal guardian of \_\_\_\_\_ to all the terms and provisions above.

Print Parent Name: \_\_\_\_\_ Parent signature: \_\_\_\_\_

**PLEASE RETURN COMPLETED REGISTRATION FORM BY OCTOBER 9TH TO:**

Mail:	Fax:	Email:
Nature Coast Volunteer Center	(352) 527-5908	ncvc@bcc.citrus.fl.us
2804 W. Marc Knighton Ct., Key #4		
Lecanto, FL 34461		

