



Thank you for your interest in volunteering with Kindah Foundation, Inc., to help with the **Florida Gynecologic Cancers & PCOS Run/ Walk®** event. We ask that you complete this sign-up form and email it to hr@kindahfoundation.org or fax to 877-360-5375. If you have any questions, we can be reached at 954-839-6561 ext. 7175



VOLUNTEER SIGN-UP FORM



VOLUNTEER INFORMATION

Volunteer's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number Day of Event: _____

Email Address: _____

Date of Birth: _____ Your Age Day of Event: _____

Emergency Contact: _____ Phone: _____

Volunteer Skills: _____

If you are under 18 years of age, please fill in below.

Parent Contact Name: _____

Phone: _____ Email: _____

Email addresses are collected for Kindah Foundation use only. (We do not sell, rent, or give them to third-party parties.) Check your email daily.



WHY ARE YOU INTERESTED IN VOLUNTEERING?

- Court Ordered
- Need Community Service Hours
- My Personal Interest

Remember to walk with your service hours form from your school or court ordered document.

Group Volunteer? _____ Name of Group/ Company: _____

Student? Yes _____ No _____ Name of School: _____

VOLUNTEER T-SHIRT SIZE

S _____ M _____ Large _____ X Large _____ XX Large _____ XXX Large _____

Please make you check the appropriate T-shirt size (t-shirts are custom made order)

PURPOSE: To celebrate and recognize the National Gynecologic Cancers & PCOS Awareness Month, honor GYN survivors, remembering those we lost, raise much needed funds, and spread awareness.

NON-DISCRIMINATION POLICY: Kindah™ Foundation does not discriminate by reason of race, sex, color, age, national origin, religion, mental or physical ability, sexual orientation, gender identity, veteran or military reserve status, immigration status, or language spoken.

All volunteer assignments, activities, etc. are provided in a non-discriminatory manner.

Please choose the positions and shifts that you are available for and indicate your choice in the box below. We will do our best to accommodate everyone, but please be prepared to be flexible!

AVAILABLE VOLUNTEER POSITION

- Teal Warrior Captain (Supervisor)**
Check-In Time = 4:00 am – 11:30 am
- Event Décor & Set-Up**
Check-In Time = 4:00 am – 11:30 am
- Parking Lot Attendant**
Check-In Time = 4:30 am – 7:30 am
- T-Shirt Distribution Attendant**
Check-In Time = 5:30 am – 8:00 am
- First Aide Attendant (health school /student)**
Check-In Time = 6:00 am – 11:00 am
- Course Set-Up Attendant**
Check-In Time = 4:00 am – 8:30 am
- Water Stop Attendant**
Check-In Time = 5:30 am – 8:30 am
- Registration Attendant**
Check-In Time = 6:00 am – 8:00 am
- Photographer Attendant**
Check-In Time = 6:00 am – 10:30 am
- Award & Medal Attendant**
Check-In Time = 6:00 am – 10:00 am
- Refreshment Attendant**
Check-In Time = 5:30 am – 11:30 am
- Traffic Control Attendant**
Check-In Time = 4:30 am – 8:30 am
- Cheerleaders Attendant (high school / College)**
Check-In Time = 6:45 am – 8:30 am
- Kids Fun Zone Attendant**
Check-In Time = 6:30 am – 11:30 am

YOU CAN MAKE A DIFFERENCE

www.kindahfoundation.org
hr@kindahfoundation.org



FLORIDA GYNECOLOGIC CANCERS & PCOS RUN/ WALK®

SUNDAY, SEPTEMBER 10, 2023 @ MIRAMAR REGIONAL PARK, MIRAMAR, FL.



VOLUNTEER RELEASE AND WAIVER OF LIABILITY

VOLUNTEER / PERFORMER PLEASE READ CAREFULLY BEFORE SIGNING: **Adult: 18 Years or Older – Minor: Under 18 Years of Age on the Date of Event.**
All VOLUNTEER(S) IN THE FLORIDA GYNECOLOGIC CANCERS & PCOS RUN/WALK® EVENT ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

In consideration of the acceptance of my application to participate as a volunteer or performer at the Florida Gynecologic Cancers & PCOS Run/ Walk® ("Event"), the undersigned volunteer ("volunteer") knowingly and voluntarily agrees to the following:

The undersigned Volunteer ("Volunteer ") on behalf of himself/herself and on behalf of the Volunteer ~ personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue the Kindah Foundation, Inc., its Trustees, Board of Directors, officers, volunteers, sponsors, agents, contractors, subcontractors, vendors, and the Vista View Park, Broward County, the City of Miramar, Board of County Commissioners, the *Florida Gynecologic Cancers & PCOS Run/ Walk®* staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives, USATF, all event sponsors, all other volunteers, all municipal agencies whose property and/or personnel are used, all other sponsoring or co-sponsoring companies or Individuals related to the race (collectively, "*Florida Gynecologic Cancers & PCOS Run/ Walk®* ") from all liability to the Volunteer and his/her personal representatives, assigns, heirs and executors for all loss(es) or damage(s) and any and all claims or demands therefore, on account of injury or death to the Volunteer or damage to property, whether caused by the active or passive negligence of all or any of the *Florida Gynecologic Cancers & PCOS Run/ Walk®* or otherwise, in connection with the Volunteer's participation in the *Florida Gynecologic Cancers & PCOS Run/ Walk®*. The Volunteer is fully aware of the risks and hazards inherent in volunteering in the *Florida Gynecologic Cancers & PCOS Run/ Walk®* and hereby elects to help with the *Florida Gynecologic Cancers & PCOS Run/ Walk®*, knowing the risks associated with the *Florida Gynecologic Cancers & PCOS Run/ Walk®*, including, without limitation, weather conditions such as bitter cold, high heat and/or humidity, traffic and the condition of the Race course, all such risks being known and appreciated by the Volunteer. The Volunteer hereby assumes all risks of loss(es), damage(s), or Injury(ies) that may be sustained by him/her while volunteering for the *Florida Gynecologic Cancers & PCOS Run/ Walk®*. The Volunteer agrees to the use of his/her name and/or photograph in broadcasts, newspapers, brochures, internet and other media without compensation. The Volunteer hereby grants to the medical director(s) of the *Florida Gynecologic Cancers & PCOS Run/ Walk®* and his or her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed.

AUTHORIZATION AND RELEASE TO USE LIKENESS:

I further grant the Kindah Foundation, Inc., and the *Florida Gynecologic Cancers & PCOS Run/ Walk®* the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit my and/or my child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised (including, without limitation, in online web casts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation. This Waiver, Release, Promise not to Sue, Authorization and Release to Use Likeness Form shall be governed by the laws of the State of Florida, and any legal action related to or arising out of this Form shall be commenced exclusively in the Broward Courts in and for Broward County, Florida (or if the Broward County Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in Broward County, Florida having subject matter jurisdiction). I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete. SEVERABILITY. If any provision of this Form shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Form and shall not affect the validity and enforceability of any remaining provisions. I will not enter and run unless I am medically able and properly trained to do so. The Volunteer warrants that all statements made herein are true and correct and understands that *Florida Gynecologic Cancers & PCOS Run/ Walk®* have relied on them in allowing the Volunteer to help with the *Florida Gynecologic Cancers & PCOS Run/ Walk®*. The Volunteer provides full consent and permission to Kindah Foundation, Inc., and the *Florida Gynecologic Cancers & PCOS Run/ Walk®* Affiliates, and assigns irrevocable right to use, for any purpose whatsoever, and without compensation, any photographs, videos, audiotapes and/or other recordings, of Volunteer, made during course of Volunteer activities.

In addition, I hereby authorize *Florida Gynecologic Cancers & PCOS Run/ Walk®*, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to me under the general or special supervision and on the advice of any physician or surgeon who may treat me, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to me by any health care professional who may treat me. I agree to pay for any such treatment and to reimburse *Florida Gynecologic Cancers & PCOS Run/ Walk®* for all costs and expenses it may incur related to such treatment.

Do not agree to this document unless you have read and understood it in its entirety. By agreeing electronically or in writing, you acknowledge that you have both read and understood the text presented to you as part of the registration and/or participation process. You also understand and agree that events carry certain inherent dangers and risks, which may or may not be readily foreseeable, including without limitation personal injury, property damage or death. Your ability to participate in the event(s) is/are subject to your agreement to the waiver and by agreeing herein, you accept and agree to the terms of the waiver and release agreement.

THE VOLUNTEER HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS (i) LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE, AND (ii) AUTHORIZATION AND RELEASE TO USE LIKENESS.

VOLUNTEER 18 YEARS OR OLDER

Volunteer Full Name: _____

Date of Birth _____ Age on Race Day : _____ Volunteer Position: _____

Signature: _____ Date: _____

Parent or Court Appointed Guardian (If Volunteer is under 18 years of age)

Full Name: _____ Phone: _____

Street Address: _____ City: _____

State _____ Zip Code _____ E-mail: _____

Signature: _____ Date: _____

****WAIVER MUST BE SIGNED****