**Release and Waiver of Liability**

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “Release”) executed on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Volunteer”) in favor of Dolphreaky’s Phriends Inc., a nonprofit organization, their directors, officers, employees, and agents (collectively, “Dolphreaky’s Phriends”). The Volunteer desires to work as a volunteer for Dolphreaky’s Phriends Inc. and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include working in hazardous conditions (such as along roadsides), food preparation activities involving various machinery/devices (such as in food kitchens), and other potentially dangerous activities/settings. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Dolphreaky’s Phriends Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with Dolphreaky’s Phriends Inc. Volunteer understands that this Release discharges Dolphreaky’s Phriends Inc. from any liability or claim that the Volunteer may have against Dolphreaky’s Phriends Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with Dolphreaky’s Phriends Inc., whether caused by the negligence of Dolphreaky’s Phriends Inc. or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Dolphreaky’s Phriends Inc. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer does hereby release and forever discharge Dolphreaky’s Phriends Inc. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with Dolphreaky’s Phriends Inc.

**Assumption of the Risk.** The Volunteer understands that the Activities included work that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Dolphreaky’s Phriends Inc. from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** The Volunteer understands that, except as otherwise agreed to by Dolphreaky’s Phriends Inc. in writing, Dolphreaky’s Phriends Inc. does not carry or maintain health, medical, or disability, or any other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**Photographic Release.** Volunteer does hereby grant and convey unto Dolphreaky’s Phriends Inc. all right, title, and interest in any and all photographic images and video or audio recordings made by Dolphreaky’s Phriends Inc. during the Volunteer’s Activities with Dolphreaky’s Phriends Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other**. Volunteer expressly agrees 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. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dolphreaky’s Phriends Inc. 6017 Pine Ridge Rd, Unit 432, Naples FL 34199 DolphreakysPhriends@outlook.com 610-739-6974