



<b>Pan Am: FIU</b> <b>Pan Am: UM</b> <b>Junior Olympics</b>
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**USA Volleyball**

## VOLUNTEER INFORMATION SHEET

**2009 USA Volleyball Girls Junior Olympics at the Miami Beach Convention Center**  
**2009 Pan American Women's Volleyball Cup at US Century Bank Arena and the BankUnited Center**

GENERAL INFORMATION		
<b>Name:</b>		<b>DOB:</b>
<b>Street Address:</b>	<b>Email:</b>	
<b>City, State, Zip:</b>		
<b>Tel (h):</b>	<b>Tel (w):</b>	<b>Tel (c):</b>

VOLUNTEER UNIFORM – T-Shirt
<b>Sizes (Please Circle Size)</b>
Shirt Size: S M L XL XXL XXXL

### RELEASE OF LIABILITY

In connection with my activities as a volunteer at the 2009 USA Volleyball Girls Junior Olympics ("JO's") at the Miami Beach Convention Center and the Pan American Women's Volleyball Cup ("Cup") at US CenturyBank Arena and the BankUnited Center, I agree and understand that the presence of me at the JO's and/or the Cup and any volunteer work or services performed by me for the JO's, Cup, US CenturyBank Arena, BankUnited Center, Miami Beach Convention Center, Florida International University, University of Miami, Miami-Dade Sports Commission, USA Volleyball, its affiliates and subsidiaries (collectively referred to as "the Indemnified Parties") and their officials may expose me to both known and unanticipated risks of harm or injury. In consideration of and as a prerequisite to the participation of me as a volunteer, I acknowledge that such risks exist and I hereby assume all such risks, and release and discharge the Indemnified Parties and each of them and their respective officers, directors, agents, members and employees and any other volunteer from any and all claims for liability for personal injury or property damage I may suffer while performing such volunteer work or service, whether or not on the premises of Miami Beach Convention Center, US CenturyBank Arena, or BankUnited Center including, without limitations, any claim arising out of any condition of the premises owned or used by USA Volleyball for the JO's/Cup or the conduct or any person in connection with the preparation for, supervision of or conduct of the JO's/Cup or any practice round or activity connected or related to it. I specifically hereby release the Indemnified Parties and each of them and their respective officers, directors, agents, members and employees and any other volunteer from any negligence of the Indemnified Parties or their respective officers, directors, agents, members and employees. I further understand that neither the JO's/Cup, nor the Indemnified Parties will maintain insurance which will cover me for personal injury, property damage or medical expenses, and I accept full responsibility for the costs of treatment for any injury or damages suffered while participating as a volunteer in connection with the JO's/Cup. I have fully informed myself of the contents of this release by reading it before signing it and agree to be bound by the terms set forth herein in consideration for performing volunteer services.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT NAME (if under 18):** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
*(Volunteers must be at least 13 years of age to volunteer at any of these events)*

**VOLUNTEER / PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return this form to the Miami-Dade Sports Commission at:

Miami-Dade Sports Commission  
 Attn: Elizabeth Gunn, Administrative Coordinator  
 15280 NW 79<sup>th</sup> Court, Suite 109  
 Miami Lakes, FL 33016  
 Phone: (305) 818-7188  
 Fax: (305) 819-2545  
 egunn@miamisports.org

**For more information regarding this event and other volunteer opportunities please visit: [www.miamisports.org](http://www.miamisports.org)**