



Location: The Gardens Mall,
3101 PGA Blvd., Palm Beach
Gardens, FL 33410
Date: Monday August 1st
(a 24-hour period), 10am start

VOLUNTEER APPLICATION

Personal Information (PLEASE PRINT):

Last Name	First Name	Birth Date
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Address	City	State	Zip
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Day Phone	Evening Phone	Cell Phone
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Email Address

_____ () -

Emergency Contact Name	Contact Phone
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Male Female T-Shirt Size: S M L XL XXL

What is the best time to contact you? Morning Afternoon Evening

SEE MORE INFORMATION ON REVERSE SIDE

EVENT INFORMATION at www.bocachess.com
For volunteer details call (561) 233-3124 or email info@palmbeachsports.com

Please check the shift(s) you would like to volunteer:

- 9am - 6pm Monday 08/01/05
- 5pm – close of play on Tuesday morning (10am absolute latest time)

PART A - VOLUNTEER - WAIVER AND RELEASE FROM LIABILITY

In consideration of being permitted to serve as a volunteer for the Susan Polgar World Record Chess Challenge, I, on behalf of myself and my heirs, executors, administrators and assigns, do hereby refuse and forever discharge the US Chess Trust, Channing Corporation, PGA Commons LLC, Forbes Cohen Florida Properties LP, the Forbes Company, the Gardens Venture, the Gardens Promotional Fund, Incorporated, the Gardens Mall, the Gardens of the Palm Beaches, the Boca Raton Chess Club, Palm Beach County Sports Commission, North Palm Beach County Chamber of Commerce, and these organizations' officers, directors, agents and employees, and the city, county and state in which I may serve as volunteer, and all sponsors, producers, their agents, representatives, successors and assigns of any liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation as a volunteer, including travel to or from my volunteer assignment or assignments or other volunteer activities and meetings, and including injuries which may be suffered by me before, during or after my participation as a volunteer. I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties.

I have carefully read this volunteer release and fully understand it's content. I am aware that this is a release of liability and sign it of my own free will

Dated, this ____ day of _____, 2005. Signature: _____

PART B - PARENT/GUARDIAN - WAIVER AND RELEASE FROM LIABILITY

(If applicant is under 18 years of age, a parent or guardian must execute in addition to the above, this following waiver.)

The undersigned, _____ referred to as the parent, and natural guardian or legal Guardian of _____, does hereby represent that he/she is, in fact, acting in such Capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releases. Because of any defect or lack of such capacity to act and release said releases on behalf of the undersigned.

Parent/Guardian Signature: _____ Relationship to Minor: _____

**PLEASE RETURN THIS FORM TO:
Susan Polgar World Record Chess Challenge
c/o Palm Beach County Sports Institute
1555 Palm Beach Lakes Blvd. Suite 1410
West Palm Beach, Florida 33401
Phone: (561) 233-3124 Fax: (561) 233-3125**

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