



### **Officer Agreement and Release Form**

**Directions:** Toastmasters International requires that any candidates running for and/or holding office, whether elected or appointed, agree to and sign the Officer Agreement and Release Statement below. Please submit your signed form to the chair of the nominating committee. Completed release forms will be submitted to the district governor, and then to District Services at World Headquarters ([districts@toastmasters.org](mailto:districts@toastmasters.org)), to be kept on file.

### **Officer Agreement and Release Statement:**

Consistent with my desire to take personal responsibility for my conduct, individually and as an officer of Toastmasters International and as a member of a Toastmasters club, I agree to abide by the principles contained in "A Toastmaster's Promise" and the governing documents and policies of Toastmasters International and my club. I will fully comply with my fiduciary duties to Toastmasters International under its governing documents and the law of the land. I will refrain from any form of discrimination, harassment, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I may be responsible to reimburse Toastmasters International, my club or other clubs, or other individuals involved with Toastmasters, for any damages, losses, or costs resulting from my conduct. Understanding that Toastmasters programs are conducted by volunteers who cannot be effectively screened or supervised by Toastmasters International or its clubs, I release and discharge Toastmasters International, its clubs, governing bodies, and representatives from any liability for the intentional or negligent acts or omissions of any member or officer of my club or other clubs, or any officer of Toastmasters International.

### **Confirmation:**

**I have read and agree to the terms and conditions of the Officer Agreement and Release Statement**

Full Name (please print): \_\_\_\_\_ Member # \_\_\_\_\_

Officer Position: \_\_\_\_\_

Area (if applicable) \_\_\_\_\_ Division (if applicable) \_\_\_\_\_ District \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_