

# OFFICER AGREEMENT AND RELEASE STATEMENT

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## Directions

Toastmasters International requires that any candidate running for and/or holding office, whether elected or appointed, agrees to and signs the Officer Agreement and Release Statement below. Please submit your signed statement to the chair of the District Leadership Committee (DLC). Completed statements will be submitted to the district director. Then, only the statements of newly elected and appointed leaders will be sent 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 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 Number \_\_\_\_\_

Officer position \_\_\_\_\_

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

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