



CELEBRATION ON THE GRAND 2010 VOLUNTEER REGISTRATION

Last Name: _____ First Name: _____

Email Address: _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell _____

T-Shirt Size S M L XL 2XL

Age Group 16 TO 18 18 TO 20 21 to 40 40+

*If under the age 16, please complete **Parental Consent Form** and provide your age here*

Have you worked Celebration on the Grand before? Yes No

If yes, what positions have you worked?

Position Requested Security Support Set Up Any

Dates Available Thurs. Friday Sat. All

Shifts Available (4 hrs.) Morning Afternoons Evening All

I am available for multiple shifts and dates. Yes No

Please list any factors (sun exposure, lifting, walking, etc) that may prevent you from performing a designated task.

I hereby understand that neither Celebration on the Grand Committee, Inc., Celebration on the Grand Promotions, LLC, nor any of their officers, directors, trustees, agents, representatives, employees, members, managers, volunteers, any other individuals involved in this year's Celebration on the Grand Event, the City of Grand Rapids, nor Kent County shall be held liable for any claims seeking damages for personal injury or property damage that may arise out of my participation as a volunteer for Celebration. I also hereby agree to indemnify and hold harmless Celebration, Celebration's officers, directors, trustees, agents, representatives, employees, members, managers, and volunteers, any other individuals involved in the Event, the City of Grand Rapids, and Kent County from and against all claims, liabilities, losses, damages and expenses as incurred (including reasonable legal fees and disbursements of counsel), relating to or arising out the Event. I have carefully read this liability release and fully understand its contents, and I hereby agree to the above stated items.

I understand that if any information provided is false, if I do not show up for my shifts, or if I show up for my shifts under the influence of drugs or alcohol, this will result in my immediate dismissal. I understand that any violations of the Rules of Conduct/Code of Ethics in the Volunteer Handbook could also result in my immediate dismissal as well and that any dismissal would affect the possibility of returning as a volunteer in the future.

Signature: _____ Date: ____/____/____

NOTE: We require that you provide 2 emergency contacts.

Name: _____ Relationship: _____
Home Phone _____ Work Phone _____ Cell _____
Name: _____ Relationship: _____
Home Phone _____ Work Phone _____ Cell _____



CELEBRATION ON THE GRAND 2010
VOLUNTEER REGISTRATION

**PARENTAL PERMISSION
SLIP AND LIABILITY RELEASE**

NO ONE UNDER THE AGE OF 18
MAY VOLUNTEER FOR CELEBRATION ON THE GRAND
WITHOUT THE WRITTEN CONSENT OF A PARENT OR GUARDIAN.
NO EXCEPTIONS!

I, the parent or legal guardian of _____, acknowledge consent to my child or the child under my guardianship ("my child") participating in certain volunteer activities associated with this year's Celebration on the Grand (the "Event"). I further acknowledge that the Celebration on the Grand Committee, Inc. and Celebration on the Grand Promotions, LLC (collectively, "Celebration") are charitable organizations whose activities are primarily for the benefit of the community and are not operated for financial gain or profit. I agree to assume all risks and hazards incidental to Celebration's operation of the Event in consideration of my child's participation in the Event, and release, discharge and hold harmless Celebration, Celebration's officers, directors, trustees, agents, representatives, employees, members, managers, volunteers, any other individuals involved in the Event, the City of Grand Rapids, and Kent County, from any and all claims arising out of or relating to any injury that may result to me or my child while volunteering and participating in the Event, including any injury caused by the negligent acts or omissions of those individuals supervising the Event and/or related activities. I also hereby agree to indemnify and hold harmless Celebration, Celebration's officers, directors, trustees, agents, representatives, employees, members, managers, and volunteers, any other individuals involved in the Event, the City of Grand Rapids, and Kent County from and against all claims, liabilities, losses, damages and expenses as incurred (including reasonable legal fees and disbursements of counsel), relating to or arising out the Event. I have carefully read this liability release and fully understand its contents.

Today's Date: _____

Signed: _____

Print Name: _____

Parent **Guardian**

Name of Child: _____