



Volunteer Application

Saturday, October 2, 2010

Thank you for your interest in becoming a part of Go!Fest 2010!
Please complete the application and return to: **GO!Fest
Volunteer Coordinator, 1102 South Watkins Street,
Chattanooga, TN 37402** (please mail in application as we need to
have your actual signature)

Please print clearly

Name _____ Email _____

Mailing Address _____

C/S/Z _____ Age _____ Sex _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name/Phone _____

NOTE: Go! Fest is scheduled on October 2, 2010, from 10:00 a.m. to 3:00 p.m. However, volunteer schedules will start at 8:00 a.m. and end at 4:00 p.m. Please list your availability times:

Start Time: _____ End Time: _____

Are you available to work on Friday, October 1st? Yes No

Please also list any work restrictions you might have: _____

Volunteer's Acknowledgement, Waiver and Release of Liability

In consideration of the event organizer allowing me the opportunity to participate:

- I attest and verify that I am eighteen (18) years of age or older, physically fit and sufficiently trained to participate in all activities associated with the program or event. My participation in activities and events organized or sponsored by Go!Fest 2010 and its member associations is voluntary.
- I assume all risks associated with my participation in activities and events organized or sponsored by Go!Fest 2010 and its members associations, including injuries or illness to person and damage or loss to property.
- For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation, in travel to and from, or activity associated with the above noted program or event, I do hereby, for myself, my heirs, my administrator and executions, forever waive, release and discharge and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which I may have or which my hereinafter accrue, against Go!Fest 2010, the State of Tennessee, its member associations, member clubs, sponsors and organizations or their respective representatives, officers, directors, employees, agents successors and assigns, I agree to abide by the participants rules and policies adopted from time to time by Go!Fest 2010 and it's member associations.
- In the event that I am unable to do so on my own because of an injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay the cost of any such treatment.

I hereby state that I have read and understand the above stated accident waiver and release from Liability; I agree to handle my assignments in a dedicated, courteous and responsible manner. I will follow the instruction of the organizers, officials and staff to the best of my ability.

Print Volunteer Name Clearly

Volunteer's Signature

Date Signed

Official Use Only

Work Cite/Area: _____