



Dates of Service: October 14, 2017

Total Hours: _____

Name: _____

Shirt Size: _____

Group/Agency: _____

Address: _____

City/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Relationship to Volunteer: _____

Medical Insurance Provider: _____

Insurance ID Number: _____

All Volunteers Must Complete This Section Volunteer Agreement

I, _____, choose to participate in the Riverside Citrus Classic, as a volunteer and understand that my services are donated to Riverside Citrus Classic without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I agree to abide by any rules and directions provided by those helping to administer the Riverside Citrus Classic.

Signature of Participant: _____ Date: _____

All Volunteers Under 18 Years of Age Must Sign and Have Parent or Legal Guardian Complete and Sign This Section for Minor's Participation as a Volunteer

I, _____, the parent or legal guardian of _____ chooses to permit him/her to participate in the Riverside Citrus Classic as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the Riverside Citrus Classic.

I understand, acknowledge and agree that the Riverside Educational Enrichment Foundation (REEF) and the Alvord Educational Foundation (AEF), its employees, agents or volunteers shall not be liable for any injury/illness suffered by my child which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

The Undersigned agrees to defend, indemnify and hold harmless REEF and AEF, their Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned's volunteer participation in the Riverside Citrus Classic.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Minor Participant: _____ Date: _____

CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER:

I, _____ the parent or legal guardian of _____, a minor, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor for non-industrial injuries.

Signature of Parent/Legal Guardian: _____ Date: _____

Consent of Parent or Legal Guardian for Use of Image or Minor Volunteer in Public Relations:

Photos, videos of _____, my child or ward, may be used in Riverside Citrus Classic/REEF/AEF Public Relations.

Signature of Parent/Legal Guardian: _____ Date: _____

Return completed form to sandy_ramirez@att.net