



Enumclaw EXPO & Events Association  
 45224 284th Ave SE  
 Enumclaw, Wa 98022  
 360-226-3493

# EXPO VOLUNTEER APPLICATION

www.enumclawexpoctr.com

It is the policy of the Enumclaw EXPO & Events Association to provide volunteer opportunities without regard to race, color, national origin, gender, age, marital status, sexual preference, and/or disability.

EVENT VOLUNTEERING FOR:		
Fair	Wine & Chocolate Festival	Beer Garden Event (must have MAST certificate)
Festival of Crafts	Brewfest	Other _____

Please indicate the days and times you are available to volunteer. (Must be a 4 hour minimum)

DATE: _____	TIME: _____	DATE: _____	TIME: _____
DATE: _____	TIME: _____	DATE: _____	TIME: _____
DATE: _____	TIME: _____	DATE: _____	TIME: _____

Complete all information				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DAY PHONE:	
E-MAIL			CELL PHONE:	
MAILING ADDRESS			CITY	STATE/ZIP
				DATE OF BIRTH
IN CASE OF EMERGENCY PLEASE NOTIFY:				
RELATIONSHIP:			PHONE:	
IF YOU ARE VOLUNTEERING FOR A MONEY HANDLING POSITION, A BACKGROUND CHECK IS MANDATORY. DO YOU CONSENT TO A BACKGROUND CHECK?				
YES		NO		
Signature			Date	

**VOLUNTEER PARTICIPANT WAIVER OF LIABILITY AND ASSUMPTION OF RISK**  
**PLEASE READ CAREFULLY**

I understand that my participation in the Enumclaw EXPO and Events Association ("EXPO") programs, operations and /or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice, which can be used as community service fulfilment, giving back to community, schools, etc. I agree to perform my assigned tasks in a responsible manner. In consideration of being allowed to participate in volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in anyway associated with my participation in this activity. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the EXPO, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney activities. I agree that the terms stated herein shall also serve as **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family. The EXPO upon it's descretion, may offer free admission and other non-monetary gifts to Volunteers for donation of time.

Nothing herein is intended to waive any rights a volunteer may have under the Washington Industrial Insurance Act.

**PHOTO RELEASE**

Furthermore, I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during Center's activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

**I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the Center in connection with my participation in this volunteer activity.**

I accept the conditions printed above:

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

A parent or guardian signature is required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

April 2016

**THANK YOU FOR YOUR APPLICATION**