



Three Rivers Festival Volunteer Hold Harmless Agreement

I, the undersigned volunteer, on behalf of myself and my heirs, hereby agree to indemnify, save and hold harmless Three Rivers Festival, its executive board, as well as any of their agents, representatives, employees or other volunteers for my health, safety and any injury and/or disability arising out of or resulting from the volunteer activity in which I am participating.

If approved, I understand that it is my responsibility to inform the chairperson of the Three Rivers Festival Volunteer Committee, a Festival Staff Member, or a member of the Executive Board if I feel I cannot complete my volunteer duty due to a health or safety issue, while engaging in my volunteer assignment.

Physical activities in which I may be asked to participate to complete my volunteer service include, but may not be limited to, walking on uneven and inclined outdoor surfaces, walking up and down steps or stairs, lifting, standing for extended periods of time, and working in outdoor weather conditions (high temperatures and humidity). I understand that it is my responsibility to avoid an assignment if I feel I would be at risk.

I hereby represent that I have no physical restrictions that would prohibit my participation in the volunteer activity in which I applied to participate. I understand that Three Rivers Festival does not provide workers comp nor liability insurance for me while I am participating as a volunteer.

By placing my signature below, I acknowledge I have read this agreement, and I understand and voluntarily agree to the terms and conditions, which shall be binding upon the heirs, administrators, executors and assigns of the undersigned. I give my consent to have a background check performed if required for any position for which I have applied. I understand that falsifying or omitting information may result in disapproval of my volunteer application.

Volunteer Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If volunteer is under eighteen {18} years of age)

Date of Birth (mm/dd/yyyy) _____

Volunteer Name (Printed) _____

Address _____ City _____

Phone _____ Email _____

EMERGENCY CONTACT INFORMATION

If you have a medical emergency, who should we contact: _____

Phone number of Emergency Contact: _____

What is your relationship to your Emergency Contact: _____

SHIRT SIZE _____