

**TACOMA EVENTS COMMISSION (Waiver & Release)**

LIABILITY DISCLAIMER: I understand that without some program providing protection of its assets and its leaders, the Tacoma Events Commission, a nonprofit organization, would not be able to offer its community services and activities. Therefore, I hereby release, indemnify, and hold harmless the Tacoma Events Commission, the City of Tacoma, The City of Orting, The City of University Place, Pierce County, the event organizers, the agency at which I volunteer, and sponsors and supervisors of all activities from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with volunteer activities. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating as a volunteer. I expressly assume any and all risks associated with participating in an y event or program, including, but not limited to, illness, traveling to and from the event or program, and the effects of the weather, all such risks being understood and appreciated by me.

I certify that I am in good health and able to participate in the event or program activities volunteered for. I certify that I'm over eighteen years of age and am competent to enter into this release. If I am under 18, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

COMMUNICATIONS RELEASE: I hereby assign the rights to any video and/or photographic recording made of me while volunteering for an event or program of the Tacoma Events Commission, its agencies, or collaborators on events hereto referred to as Tacoma Freedom Fair, Wings & Wheels, University Place Festival, Orting Pumpkin Fest, Gray Sky Blues Music Festival, or any other event or activity hosted or produced by the Tacoma Events Commission. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recordings for purposes deemed suitable by the Tacoma Events Commission.

I hereby waive any right to approve the finished products. I certify that I am over eighteen years of age, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement before affixing my signature below and warrant that I fully understand the contents thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Volunteer)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if Volunteer is under age 18)

**VOLUNTEER REGISTRATION FORM**

If you'd like to volunteer, please fill out this form and mail it to  
**4109-E7 Bridgeport Way W, University Place WA 98466-4328**  
Email questions to : Staff@TacomaEvents.com

For information, please go to [www.TacomaEvents.com](http://www.TacomaEvents.com) or [www.FreedomFair.com](http://www.FreedomFair.com)

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Street Address (*Military Unit address if military*)

\_\_\_\_\_  
City Zip + 4

\_\_\_\_\_  
Daytime Phone Evening Phone

\_\_\_\_\_  
Cell Phone **Date of Birth (MANDATORY \*)**

\_\_\_\_\_  
Email Address

Tee-Shirt Size \_\_\_\_\_ (for volunteer t-shirt)

I prefer to be contacted by (please check one or more boxes):  
 email  cell phone  daytime phone  evening phone

I am interested in being an event-day volunteer. I'd like to: \_\_\_\_\_

I'd like to consider assisting with long-term planning and prep work such as: \_\_\_\_\_

I willing to consider a leadership position. My most useful skills are: \_\_\_\_\_

**\*Date of birth is mandatory to enable us to perform background checks**