

Washington State Apple Blossom Festival  
Adult Volunteer Release Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**RELEASE AND WAIVER**

I wish to volunteer for the **THE WASHINGTON STATE APPLE BLOSSOM FESTIVAL**. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I, FOR MYSELF, MY CHILD, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ANYONE IN PRIVITY WITH ME, HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE WASHINGTON STATE APPLE BLOSSOM FESTIVAL, THE EVENT DIRECTOR, THE CITY OF WENATCHEE, AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS, ASSIGNS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.**

I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. As a participating volunteer, I certify all information provided in this form is true and complete.

Signature \_\_\_\_\_

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

Date \_\_\_\_\_