



# Jackson Pride Week Youth Volunteer Form

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Country: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Please check all the volunteer skills/qualifications that apply to you:

- Able to lift up to 30 lbs.
- Assertive
- Comfortable standing and/ or walking for long periods of time
- Communicative
- Composed under pressure)
- Detail oriented
- Energetic
- Event planning experience (Please explain): \_\_\_\_\_
- Good at public speaking
- Leadership experience
- Multi-lingual (What language): \_\_\_\_\_
- Organized
- Punctual
- Technologically savvy (Please explain): \_\_\_\_\_
- Valid driver's license/ State Id:
- Youth Services/ Ambassador:

Mail to: Jackson Pride Center  
c/o Jackson Pride Festival Committee  
P.O. Box 4086  
Jackson, MI 49204-4086

In order to be accepted as a volunteer at Jackson Pride for the official 2019 event, I hereby agree, for myself, my heirs, my guardians, and each of their successors and assigns, to the following terms:

- I agree to assume all risks, dangers, and injuries associated with being involved in THE EVENTS and release and hold harmless Jackson Pride and the Jackson Pride Center and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Jackson Pride Center.
- I understand that this waiver Jackson pride and the Jackson Pride Center any liability or claim that I may have against Jackson pride or the Jackson Pride Center with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in THE EVENTS. I also fully understand that Jackson Pride or the Jackson Pride Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death, or property damage.
- I hereby release Jackson Pride or the Jackson Pride Center from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time at THE EVENTS.
- I agree that in performing as a volunteer at THE EVENTS, my name, photograph, video image, voice recording, and other likenesses created during the event shall at all times be the property of Jackson Pride or the Jackson Pride Center, its successors and assigns, and such name, photograph, video image, voice recording, and other likenesses may be used by Jackson Pride or the Jackson Pride Center, its representatives, successors and assigns, for any reason, at any time, in perpetuity, unless otherwise given permission.
- I agree that I am not authorized to speak for Jackson Pride or the Jackson Pride Center and I shall not obligate them in any contractual matter, nor do I have decision-making authority with regard to public safety matters.
- I agree to represent my age truthfully and understand that I must be over 18 years of age to volunteer unless otherwise specified. If under the age of 18 must have a parent or guardian Sign a permission form. If unable to garner a signature, you may still attend THE EVENTS.
- I agree to abide by all rules and regulations as prescribed by Jackson Pride and the Jackson Pride Center leadership.
- I agree that I have never been found incompetent or incapacitated. I have carefully read this waiver and understand the contents and sign this document of my own free will. I also understand that my signing of this waiver is a material inducement for Jackson pride and the Jackson Pride Center to accept me as a volunteer.
- I expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Michigan in the United States of America, that this waiver shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this waiver which shall continue to be enforceable.

Name (print) \_\_\_\_\_ Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Emergency Contact Info \_\_\_\_\_

Concerns we should know: \_\_\_\_\_

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