

(Please print): LAST NAME: _____ FIRST NAME _____
Group Name (If applicable.) _____

the soul festival * po box 197 * merrimac, ma * 08160 * usa * (ph) 978.346.4577 * (fx) 978.346.7608*www.thesoulfest.com

VOLUNTEER REGISTRATION FORM

*Welcome to Soulfest '09! We thank you in advance for answering the call to service. Please fill in the information below. If you registered on-line, we ask that you fill in **ONLY** the information that has changed so that we can be sure our database is current.*

Last Name _____ First Name _____
Street Address _____
City/Town _____
State _____
Zip Code _____
Email Address _____
Age _____
Telephone _____
Cell Phone (Phone while on site) _____
Assigned Department (to help locate you on site) _____
Any known allergies? _____
Other medical conditions: _____

VOLUNTEER ACKNOWLEDGMENT AND RELEASE OF LIABILITY

I, (print name) _____, in consideration of the opportunity to participate as a volunteer at the Soul Festival 2009:

- I attest and verify that I am 18 years of age or older. If I am younger than 18, I have a parent or designated guardian who will sign this form and so represent that I am duly authorized to volunteer my services.
- I am physically fit and able to partake in the specific activities for which I have volunteered and elected to schedule. My participation in activities and events organized or sponsored by New Sound Concerts, Inc., and New Sounds International, Inc., and hosted by Gunstock Mountain Resort/Gunstock County Commission.
- I assume all risks associated with my participation in activities and events organized or sponsored by New Sound Concerts, Inc., and New Sound International, Inc., and hosted by Gunstock Mountain Resort/Gunstock County Commission.
- For any injury, illness, property damage or loss suffered or sustained by me, which is in any way attributable to my participation in, travel to or from, or any other activity associated with the above noted program or event, I do, upon affixing my original signature, **waive, release and discharge** any rights and claims for expenses, damages or losses which I may have or which may hereinafter accrue, against New Sound Concerts, Inc., and New Sound International Inc, and hosted by Gunstock Mountain Restart/Gunstock County Commission, their clubs, artists/performers, sponsors and organizations, or their respective representatives, officers, directors, employees, agents, successors and assigns.
- I agree to abide by the participatory rules and policies that may be adopted, implemented or published by New Sound Concerts, Inc., and New Sound International, Inc., and hosted by Gunstock Mountain Resort/Gunstock County Commission.
- In the event that I am unable to act on my own accord due to personal physical or mental injury, I consent to administration of first aid and other medical treatment, and in doing so agree to pay the costs that attend such treatments.

INFORMED CONSENT:

*I hereby state, by affixing my original signature, that my guardian or I have read and understood the above information.

VOLUNTEER'S NAME (PRINTED): _____
VOLUNTEER'S SIGNATURE: _____ DATE: _____
PARENT/GUARDIAN'S NAME (PRINTED): _____
RELATIONSHIP TO UNDERAGED VOLUNTEER: _____
PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____
Emergency Contact(Name/Phone): _____
WITNESS: _____