



August 3-6, 2011

Gunstock Mtn. Resort, Gilford, NH

FIRST NAME: _____

LAST NAME: _____

GROUP (if any): _____

SOUFEST VOLUNTEER WAIVER

We thank you in advance for answering this call to service by volunteering. 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.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Age: _____ Phone: _____ Phone number while on site: _____

Assigned Department (to help locate you on site) _____

Any known allergies? _____

Medical conditions that might inhibit your ability in some volunteer positions: _____

VOLUNTEER ACKNOWLEDGMENT AND RELEASE OF LIABILITY

I, (print name) _____, in consideration of the opportunity to participate as a volunteer at the SoulFest in 2011:

- 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: _____