



Volunteer Registration Form

Parade is Sunday, November 26, 2017

Name: _____

Mailing Address: _____

City/State/Zip: _____

Affiliation (School/Business/Organization): _____

Daytime#: _____ Evening#: _____

E-mail Address: _____

VOLUNTEER ASSIGNMENTS: (Please indicate your preference)

<p>A* = adults only</p> <ul style="list-style-type: none"> <input type="checkbox"/> Street Barricades (40) (report at 4pm) A* <input type="checkbox"/> Banner Carriers (30) <input type="checkbox"/> Costume Characters (6) <input type="checkbox"/> De-staging (6) <input type="checkbox"/> Judges/Announcer Stages (3) A* 	<p>() = number of volunteers needed per task</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parade Entrants Check-in (2) A* <input type="checkbox"/> Parade Escorts (35-70) <input type="checkbox"/> Parade Route Marshals (40) A* <input type="checkbox"/> Staging Area (6) A* <input type="checkbox"/> Volunteer Check-in (4) A*
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I/we hereby understand and agree to accept the risk of bodily injury and/or property damage which I/we may incur or cause a third party to incur as a result of my/our participation in the Salinas Holiday Parade of Lights. With this understanding, I/we further agree to indemnify, defend and save harmless the City of Salinas, the Parade Committee, and the Oldtown Salinas Association, its Boards, its Commissions and their respective officers, agents, and employees from and against any and all claims, losses, injuries, suits and judgments arising from, or in connection with/my successors, assigns, heirs, executors and administrators, and any other persons or entity's who/which may have a claim based on my/our personal injuries and/or property damage. I/we further understand and agree that this save harmless and indemnification shall apply to and all facilities that the City of Salina, the Parade Committee, and Salinas Oldtown Association may own and/or control.

Volunteer Signature **Date**

Parent/Guardian Name (print)

Parent/Guardian Signature **Date**