



ARLINGTON BUSINESS PARTNERSHIP

ONE-DAY VOLUNTEER APPLICATION & RELEASE

RETURN COMPLETED APPLICATIONS TO:

Oz Puerta, Communications & Outreach Coordinator
Arlington Business Partnership
9800 Indiana Ave. Ste. 2, Riverside, CA 92503
oz@riversideabp.com
(951) 509-1100 • (951) 509-6802 Fax



NAME: _____ PHONE NUMBER: _____

ORGANIZATION/SCHOOL: _____

EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ GENDER: MALE FEMALE

EMERGENCY CONTACT

EMERGENCY CONTACT: _____
RELATIONSHIP: _____ PHONE: _____
MEDICAL INSURANCE PROVIDER: _____

AVAILABILITY

SET-UP (Friday)	SHIFT 1 (Saturday)	SHIFT 2 (Saturday)	SHIFT 3 (Saturday)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 p.m. – 7 p.m.	6 a.m. – 11 a.m.	10 a.m. – 3 p.m.	2 p.m. – 6 p.m.

ARLINGTON BUSINESS PARTNERSHIP

AGREEMENT TO RELEASE ALL LIABILITY

BY SIGNING THIS DOCUMENT, YOU ARE GIVING UP YOUR RIGHT TO SUE

ACTIVITY:

DATE OF ACTIVITY:

I understand that I am in no way required to participate in the above-named activity and that my participation is voluntary.

I understand that I must sign this release of liability if I would like to participate in the above-named activity.

I understand that the Arlington Business Partnership and City of Riverside is permitted by law to require me to sign this release of liability before permitting me to participate in the above-named activity.

I understand that by signing this document I am forever agreeing to indemnify and hold the Arlington Business Partnership and the City of Riverside and its employees, officers, directors, managers, agents and council members harmless from any and all liability, loss or damaged caused by or arising from their negligence, or those of others, including myself.

I understand that I am agreeing to forever release from liability the Arlington Business Partnership and City of Riverside and its employees, officers, directors, managers, agents, and council members and further agree to give up my right to sue them for any and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prevent my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well.

I understand that by participating in this activity, there are risks of physical injury to my person or property, as well as risks due to the negligent conduct of the City/Partnership and its employees, myself, or others, involved with the above-named activity. By voluntarily participating in the above-named activity I understand the risks of injury to my person and property and am assuming the risk of such.

Please be advised that all participants involved in any department programs or events are subject to being photographed. Such photographs may be used by the City of Riverside and Arlington Business Partnership without an obligation to provide compensation to those photographed.

PARTICIPANT'S NAME (Print)	PARTICIPANT'S SIGNATURE	DATE
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(Required if participant is a minor.)

PARENT/GUARDIAN'S NAME (Print)	PARENT/GUARDIAN'S SIGNATURE	DATE
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PARENTS/GUARDIANS: I declare under penalty of perjury that I am the parent/guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms [if participant is a minor].