

October 13, 2012 11:00am – 10:00pm Volunteer Application

Contact Information	
Name	
Phone Number	
Emergency Contact Name	
Emergency Contact Number	
E-Mail Address	
Availability	
During which hours are you a	vailable to volunteer?
Saturday Morning (8am to Saturday Afternoon (12pr Saturday Evening (5pm to	n to 5pm)
Agreement and Signature	
understand that if I am accept	I affirm that the facts set forth in it are true and complete. I ted as a volunteer, any false statements, omissions, or other ne on this application may result in immediate dismissal.
Name (printed)	
Signature	
Date	

MCDONOUGH HOSPITALITY & TOURISM BOARD, INC.

VOLUNTEER WAIVER

Name of Volunteer:		
Event:		
Date:		
In consideration of the acceptance of this entry, the undersigned, and for his or her heirs,		
successors and assigns, (1) hereby waives any and all claims against the sponsors, officials,		
employees, Board Members or other associates of McDonough Hospitality & Tourism Board,		
Inc., for injuries, illness or damages which may result directly or indirectly from my		
participation: and (2) expressly releases said sponsors, officials, employees, Board Members or		
other associates of McDonough Hospitality & Tourism Board, Inc., from any and all such claims		
for injury, illness or damage resulting therefrom. The undersigned affirms that he or she is in		
proper condition to volunteer at the event.		
This, 2012.		
77.1		
Volunteer		