

Waterfront Days 2019 Volunteer Application

| | | |
|-----------|------------|----------|
| Last Name | First Name | |
| Address | State | Zip Code |
| Phone | Email | |

Are you under the age of 18? YES NO

Type of Volunteer:

COSTUMED If costumed, what is your 1840s-1870s era character? _____
(Please attach photo)

➤ Do you need us to provide a costume? YES NO

NON-COSTUMED T-SHIRT Size: Small Med L XL XXL XXXL

Check All Preferred Volunteer Positions:

COSTUMED

Old Sac Living History Specialty Venue

Please specify: _____

CA Railroad Museum Specialty Venue

Please specify: _____

Roaming Character

Bank/Gold Rush Economy

Children's Games

Bowling

Gold Panning

No Preference –As Needed

NON-COSTUMED

Hospitality

Greeters

Museum monitors

Security/First Aid

Ice/Water Distribution

Set-Up (Wednesday and Thursday Prior)

Tear-Down (Tuesday After)

No Preference – As Needed

GRD Office Use Only

Name Tag

T-Shirt

Parking

Meals

Availability: Please indicate which shifts below you would like to be scheduled for.

| SHIFT | FRIDAY MAY 24 | SATURDAY MAY 25 | SUNDAY MAY 26 |
|-----------------|--------------------------|--------------------------|--------------------------|
| 9:30AM - 1:30PM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11:30AM-3:00PM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Orientation- MANDATORY: Please select which session you will be attending.

Friday, May 17th 5:30 PM

Saturday, May 18th 10:00 AM

2019 Consent Form – MUST be Completed by Each Applicant

Applications without signatures agreeing to this release and indemnity agreement will not be accepted. All applicants under the age of 18 must provide a parent/guardian signature below.

Release and Indemnity Agreement

I, _____, referred to in this agreement as “volunteer”, who will be participating in the 2017 Old Sacramento Waterfront Days event, understand that anyone acting on behalf of the Sacramento History Alliance (volunteers, staff, and Board of Directors) will take all reasonable steps to provide a safe environment for everyone who participates in the Waterfront Days activities. I authorize the Sacramento History Alliance to make medical emergency decisions on behalf of myself, and I further acknowledge that the Sacramento History Alliance will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by participating in such activities, agree to accept all risks of injury or damage. I agree to allow the Sacramento History Alliance to use photos for promotional purposes that may contain images of me. Furthermore, I agree to hold harmless the Sacramento History Alliance, its volunteers, staff, and Board of Directors for any liability on behalf of myself. I also agree to indemnify the Sacramento History Alliance for any expenses of liability that result because of a claim made on my behalf.

Name (please print)

Signature

Date

Applicants under 18 years

As the parent/guardian of _____, referred to in this agreement as “my child”, who will be participating in the 2019 Old Sacramento Waterfront Days event, understand that anyone acting on behalf of the Sacramento History Alliance (volunteers, staff, and Board of Directors) will take all reasonable steps to provide a safe environment for everyone who participates in the Waterfront Days activities. I authorize the Sacramento History Alliance to make medical emergency decisions on behalf of my child, and I further acknowledge that the Sacramento History Alliance will not be held liable for any resulting medical charges or held liable in any other way. I am also aware that there are certain risks involved in these activities, which might result in personal injury or property damage, and by allowing my child to participate in such activities agree to accept all risks of injury or damage. I agree to allow the Sacramento History Alliance to use photos for promotional purposes that may contain images of my child. Furthermore, I agree to hold harmless the Sacramento History Alliance, its volunteers, staff, and Board of Directors for any liability on behalf of my child or myself. I also agree to indemnify the Sacramento History Alliance for any expenses of liability that result because of a claim made by or on behalf of my child. I understand that this agreement is binding to me, my child and anyone else acting on behalf of my child.

Parent/Guardian Name (please print)

Signature

Date