



VOLUNTEER INFORMATION

Last Name:	First Name:	Email:
Cell Phone:	Emergency Contact NAME:	Emergency Contact Phone:
Hours / Shift Please Select Friday <input type="checkbox"/> 11:00 AM – 7:00PM Saturday <input type="checkbox"/> 6:00 AM – 9:00 AM <input type="checkbox"/> 9:00 AM – 12:00 PM <input type="checkbox"/> 12:00 PM – 3:00 PM <input type="checkbox"/> 3:00 PM - 6:00 PM <input type="checkbox"/> 10:30 AM – 12:30PM (Victim Zombie Walk) <input type="checkbox"/> ALL DAY	Areas of Preferred Assignment: <input type="checkbox"/> Registration <input type="checkbox"/> Vehicle Display <input type="checkbox"/> Landing Zone <input type="checkbox"/> Kids Zone <input type="checkbox"/> Logistics <input type="checkbox"/> Operations <input type="checkbox"/> Vendor Support	Notes / Any Food Restriction:
T-Shirt Size (Men's Sizes) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL	Organization:	CERT Volunteers Only Assist with Demonstration <input type="checkbox"/> Cribbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Triage <input type="checkbox"/> As Needed

PLEASE PRINT LEGIBLY/ TYPE

Thank you for your time and assistance, it is greatly appreciated!

Office use only: <input type="checkbox"/> Waiver received



**RELEASE AND WAIVER OF ALL LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including participation in READY Long Beach, I, for myself, my successors, heirs, assigns, executors, administrators, spouse, and next of kin:

1. Agree that prior to participating I will inspect the facilities, equipment, and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the supervisor;
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses, which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. **ASSUME ANY AND ALL RISKS** of bodily injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my participation in this event or activity;
4. **COVENANT NOT TO SUE, OR PRESENT ANY CLAIM** for personal injury, property damage, or wrongful death against the City of Long Beach, its officers, employees, and agents for damages attributable to my participation in the activity;
5. **RELEASE, WAIVE, DISCHARGE AND RELINQUISH** the City of Long Beach, its officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the activity, whether same shall arise by their negligence or otherwise; and
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the City of Long Beach and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose.

THIS DOCUMENT RELIEVES THE CITY FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINTED NAME

SIGNATURE

DATE