



EVENT VOLUNTEER

Name (first/last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Gender: _____ M / _____ F Date of Birth: _____

Shirt Size: _____

If the volunteer is under 18, the Adult Parent or Guardian must sign waiver.

Volunteer preference and availability:

Volunteer requests will be considered but actual duties may vary based on need and availability.

_____ Hospitality _____ No Preference – General Volunteer

_____ Grounds Crew _____ Ballooning Crew

Due to physical limitations, I am unable to:

_____ Stand for Over 2 Hours _____ Walk More than ¼ Mile _____ Other

Availability for shifts:

Balloon crews may need to be available at 5:30 AM or earlier.

Friday PM Saturday AM Sunday AM

Saturday Midday Sunday Midday

Saturday PM Sunday PM

Emergency Contact:

Name (first/last): _____

Cell Phone: _____ Email: _____



RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate as a volunteer in connection with The Villages® Balloon Festival (the "Activity" or "Activities") held by, and on property owned by The Villages of Lake-Sumter, Inc., a Florida corporation (together with its officers, directors, employees, affiliates, and agents "Releasee"), I, for myself, and for my executors, administrators, personal representatives, assigns, heirs, and next of kin, DO HEREBY:

1. RELEASE, WAIVE, FOREVER DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE Releasee of all liability to me and my executors, administrators, personal representatives, assigns, heirs, and next of kin, for any and all loss or damage, and all claims or demands therefore, on account of injury to my person or property or resulting in my death, arising out of or in any way connected with my participation or involvement in or presence at the Activities, suffered before, during or after the Activities, whether caused by the negligence, action or inaction of Releasee or otherwise;
2. INDEMNIFY AND HOLD HARMLESS Releasee from and against any loss, liability, damage or cost that I or any of my guests may incur due to participation, involvement or presence at the Activities, whether caused by negligence, action or inaction of Releasee or otherwise;
3. ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH AND PROPERTY DAMAGE arising out of or in any way connected with the participation, involvement in or presence by me and my guests at Activities suffered before, during or after the Activities, whether caused by the negligence, action or inaction of Releasee or otherwise. I understand that participation, involvement or presence at the Activities carries the risk of injury or death or property damage and I accept that risk freely and voluntarily;
4. AGREE that the foregoing release and waiver of liability agreement is intended to be as broad and inclusive as is permitted by Florida law, and that if any portion is held invalid for any reason, the balance should notwithstanding, continue in full legal force and effect;
5. AGREE that the foregoing agreement is intended to apply to any participation or involvement in or presence at any Activity or event by me and my guests held on Releasee's property until such time I deliver written revocation of this agreement to Releasee. No representations or inducements apart from the foregoing have been made by the Releasee.

I HAVE READ THE FOREGOING AGREEMENT IN ITS ENTIRETY AND I HEREBY FREELY AND VOLUNTARILY SIGN THIS AGREEMENT, INTENDING TO BE BOUND THEREBY.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____

Adult Parent or Legal Guardian Signature: _____ Date: _____

Adult Parent or Legal Guardian Printed Name: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

Mail signed completed application and waiver to:

Event Management - Barbara Warner, The Villages Polo Club
3619 Kiessel Road, The Villages, FL 32163 | or email to Tori.Hilding@TheVillages.com