



Volunteer Registration Form
for
Saturday, July 4, 2009

Volunteers are needed to assist with the 2009 exciting Red, White and BOOM event hosted by the City of McKinney and we need your help. If you or a group are interested in volunteering during this event, please complete and return this completed form to **Volunteer McKinney Center** as an email attachment to volunteermck@sbcglobal.net, Fax to 972-542-0642, or you may mail this form to address shown below.

Volunteer McKinney Center
P.O. Box 2821
McKinney, Texas 75070

Volunteer registration forms must be turned in no later than **Wednesday, June 24**

One volunteer form per person please

Registrants will be contacted with further detailed information soon.

Name (print): _____ Date: _____

Address: _____
City: _____

Telephone (day): _____ Telephone (evening): _____

Email: _____ Fax: _____

T-SHIRT SIZE: S M L XL 2XL

I certify that I have never been convicted of a criminal offense. (please circle) YES NO
Court appointed service hours may be accepted with restrictions.

If answered yes, please provide a brief explanation.
Explain:



WAIVER AND RELEASE

All participants, regardless of age, must sign a liability waiver and photo release: If you are under 18 years of age, a parent or guardian must also sign this waiver.

I understand that I am spending the day as a volunteer at Red, White & BOOM! facilitated by City of McKinney Parks, Recreation and Open Space. I understand that I am responsible for my behavior, and I will perform volunteer work that I feel comfortable doing. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest event worker as soon as possible. I agree to release City of McKinney, its event workers, participating event organizations, sponsors, volunteers and their representatives or others from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by me during my participation in Red, White & BOOM! I also agree to indemnify City of McKinney from any and all claims that may arise from my conduct that results in expenses, personal injury, loss or damages incurred by anyone else during my participation in Red, White & BOOM!

I consent to and authorize the use or reproduction by City of McKinney and any appointed agents authorized by them, of any and all photographs, video reproductions, motion pictures, or other record taken this day, including without limitation pictures and sound of myself, alone or with others, for any reasonable purpose, without compensation to me. I also give City of McKinney permission to conduct a criminal background check prior to this event.

Name of participant (please print): _____

Signature of participant: _____ Date: _____

Emergency contact information (in the event of emergency or aid is needed on day of event)

Name: _____ Phone: _____ Relationship: _____



**Red, White & BOOM!
Volunteer McKinney
PO Box 2821
McKinney, Texas 75070
Phone: 972-542-0679 Fax: 972-542-0642**



Minor WAIVER AND RELEASE

CONSENT FOR MINOR PARTICIPATION

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to my minor child's involvement or participation in Red, White & BOOM! and agree to the terms and conditions as stated in the preceding waiver and release of liability statement.

In case of a medical or dental emergency, I understand that every effort will be made to contact me, at the telephone number listed on this form, after initiation of the emergency response system. However, if I cannot be reached, I hereby give permission to transport, evaluate and treat such medical or dental emergency at the nearest or appropriate facility. I authorize contacting and permit the release of information from/to the listed healthcare providers. A copy of this permission form may be accepted as equivalent to the original form.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Parent or Guardian phone # on event day: _____

Emergency contact information (in the event of emergency or aid)

Name: _____ Phone: _____



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