



MOVIE UNDER THE STARS Volunteer Application Form

GENERAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Are you under 18 years old? ____ Yes ____ No

Emergency Contact Name _____ Emergency Contact Phone _____

Event Date: Friday, August 16, 2019

Check the volunteer opportunities that interest you.

SET UP

Set Up– Setting up tables, chairs, signs, and banners.

Shift 1 (6:00 pm – 7:30pm)

TAKE DOWN

Take Down– Take down of tables, chairs, and banners.

Shift 1 (10:30 pm - 11:30 pm)

ACTIVITIES

Assisting with the themes activities prior to the start of the movie.

Shift 1 (6:45 pm - 9:00 pm)

Indicate whether the City of Fort Saskatchewan can contact you about future volunteer opportunities.

Yes No

Please email this form back to the organizers of Movie Under the Stars at specialevents@fortsask.ca or mail/drop off to the Front Desk of City Hall at 10005 - 102 Street, Fort Saskatchewan, AB T8L 2C5, Attn: Special Events. Once this form is received, you will be contacted with more information.

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used solely for the purpose of the Volunteer Program for the Movie Under the Stars Event. It will be treated in accordance with the privacy protection provisions of Part 2 of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FOIP Coordinator for the City of Fort Saskatchewan at 780-992-6200.

RELEASE, WAIVER AND INDEMNITY

To consider granting me, _____ [volunteer’s name], permission to participate in Movie Under the Stars, to take place on August 16, 2019 I hereby release, waive and forever discharge all event partners, sponsors and organizers as well as their respective agents, officials, officers and employees of and from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused, arising or to arise directly or indirectly by reason of my participation in the said event, whether as a participant, spectator or otherwise, whether prior to, during or subsequent to the event, and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.



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I further hereby undertake to hold and save harmless and agree to indemnify all event partners, sponsors and organizers from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my participation in the said event.

I am aware that the activities associated with the event may involve risk of injury and may require a certain level of fitness for safe participation. I warrant that I am physically fit to participate in these activities and further, in order to participate in the event, I hereby agree to assume any and all risks, which may arise from my participation.

By signing this form, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I further agree that this release, waiver, and indemnity shall bind my estate and personal representatives.

Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____

Name of Witness: _____

Witness (signature): _____ Date: _____

Signature of Parent or Guardian: _____
(if volunteer is less than 18 years of age)