



2021 Pumpkin Festival

Saturday, Oct. 9, 2021 – Huron Boat Basin

Sponsored by Huron Parks & Recreation

- ◆ *Volunteers help with children games and pumpkin painting!*
- ◆ *Complete this form and return to Huron Parks & Recreation*

VOLUNTEER FORM **FOR SATURDAY, OCT. 9, 2021**

Mail completed form to Huron Parks & Recreation – 417 Main Street, Huron, OH 44839, or drop off at 110 Wall Street, Huron. RETURN FORM NO LATER THAN SEPT. 24, 2021

LIMITED SPACES—VOLUNTEERS ASSIGNED IN ORDER FORMS ARE RECEIVED

Name _____ Phone # _____

Address _____ Email _____

Age _____ *Grade _____ School _____

*MUST BE IN 7th GRADE OR OLDER



PLEASE CIRCLE WHICH SHIFT YOU ARE WILLING TO VOLUNTEER:

SHIFT 1: 10:45 am - 2:00 pm on Oct. 9th

or **SHIFT 2:** 1:45 pm - 5:00 pm on Oct. 9th

or **BOTH SHIFTS:** 10:45 am - 5:00 pm on Oct. 9th

PLEASE READ THE FOLLOWING:

I understand that by returning this letter, I will be volunteering for the Huron Parks & Recreation Pumpkin Festival which takes place on **SATURDAY, OCTOBER 9, 2021 at the Huron Boat Basin.**

I am agreeing to work either **Shift 1**, or **Shift 2**, or **Both Shifts**, as I have noted above.

WAIVER FOR PARTICIPATION:

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my or child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child / ward may have against the City of Huron and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the City of Huron and its officers, agents, servants and employees, from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the City of Huron and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release of claims.

I understand that I or my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotapes of me or my child to be used to promote the City of Huron and its Parks and Recreation Department and such photos and video will be the property of the City of Huron.

In the event of an emergency requiring medical treatment, I give my permission to the program instructor, coach, and/or league director to obtain medical treatment they feel is necessary and to call the local EMS if necessary. I understand that no medical or accidental insurance will be provided to participants.

★ SIGNATURE REQUIRED _____ DATE _____
Participant Signature Required — OR, IF UNDER 18, Parent/Guardian Signature REQUIRED