



ASHLAND STRAWBERRY FAIRE
Ashland, Virginia

Volunteer Application Form

YES. I want to help continue this traditional Ashland Strawberry Faire. I have marked my volunteer choices below.

Name: _____ Company/Organization: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

Preferred Activity:

Information Booth Grounds Faire Set Up

Faire Take Down Cookbook booth Entertainment

If you would like to work on a committee that needs your help, please specify your preference:

Marketing/Promotion

Entertainment committee

Craft Committee

Food and organizations

Antiques

Cookbooks

Logistics (booths, set up, etc.)

Other

Please Describe: _____

Waiver Form

Participant's

Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. There may be a risk of minor or major injury from the activities involved in this program. I **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
2. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Ashland Strawberry Faire, Inc.**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
4. **HEALTH STATEMENT** - I will notify Ashland Strawberry Faire, Inc. ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Participant's
Signature

Age

Date

