

Volunteer's Name \_\_\_\_\_  
PRINT - FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADULT [ ] or MINOR [ ]

## *Sierra Madre Rose Float Association* **RELEASE FORM**

**EFFECTIVE: APRIL 1, 2010 THROUGH MARCH 31, 2011**

I (or my minor child) wish to perform volunteer construction and/or decoration of the float being entered in the upcoming Pasadena Tournament of Roses Parade by the Sierra Madre Rose Float Association. I understand that some of the work may be hazardous and may involve the risk of personal injury. In particular, I realize that the work involves climbing on and working around scaffolding and frames from which one may fall or be struck by falling objects. It also involves working with sharp objects and flammable materials. Furthermore, I realize that the treatment of such injury is **not** covered by a medical insurance policy provided by the City of Sierra Madre, City of Pasadena, Pasadena Tournament of Roses Association, Sierra Madre Rose Float Association, or any other organization in charge of construction, decorating, and transporting the float.

In the event that I/we suffer any injury or illness requiring immediate medical attention while working on the float, the City of Sierra Madre, City of Pasadena, Pasadena Tournament of Roses Association, Sierra Madre Rose Float Association or any of their officers, directors, members, agents, assigns or employees have my/our consent and permission to obtain medical care and treatment for me/us on my/our behalf. This consent extends to any doctor, dentist, nurse, paramedic, hospital or other persons or entities qualified and trained to treat such injury or illness in such a manner, in their judgment and discretion, is deemed necessary or advisable under the circumstances at such time. I will be responsible for the cost of such care or treatment.

In consideration for permitting me/us to work on the construction and decoration of the float, I agree not to sue or press any claim against the City of Sierra Madre, City of Pasadena, Pasadena Tournament of Roses Association, Sierra Madre Rose Float Association, or any of their officers, directors, members, agents, assigns or employees, for any injury to myself/ourselves or damage to my/our property, as a result of or arising out of my/our work on the float – even if such injury or damage is due entirely to the negligence of the City of Sierra Madre, City of Pasadena, Pasadena Tournament of Roses Association, Sierra Madre Rose Float Association, or any of their officers, directors, members, agents, assigns or employees or to the condition of the float or the property upon which it may be located.

I understand that I may be photographed or videotaped for educational, training, research, curriculum, marketing or similar purposes. I understand that areas of the float site are being recorded and monitored by video cameras at all times for security purposes.

In consideration for permitting me (or my minor child) to work upon the construction and decoration of the float, I, on behalf of my child, and myself agree to all the terms noted in the above agreement.

Self or Parent/Guardian \_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Minor's Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_@\_\_\_\_\_

(____) _____ Home Phone Number
(____) _____ Cell Phone Number
<b>Emergency Contact Information</b>
Name _____
(____) _____ Phone Number
Service Hours Group or School Name _____