



P.O. Box 232223, Sacramento, CA 95823
 seagamesusa@gmail.com
 SEAGAMESUSA.COM

Volunteer Application

Applicant Information:

Name:		Date:	
Address:	City:	State:	Zip Code:
Cell Phone:		Home Phone:	
Email Address:			
Date of Birth: ____/____/____	Age:	Gender: Male Female	
Allergies:	Medications:		

Emergency Contact:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Which day(s) are you able to volunteer? (Preferably both days)

<input type="radio"/> Saturday, August 3, 2019	<input type="radio"/> Sunday, August 4, 2019
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What time(s) are you able to commit?

<input type="radio"/> 7AM-12PM	<input type="radio"/> 12PM-5PM
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Which area would you like to volunteer for?

<input type="radio"/> Front Stage	<input type="radio"/> Food Booth
<input type="radio"/> Back Stage	<input type="radio"/> Vendors
<input type="radio"/> Set up Crew	<input type="radio"/> Smoothie Booth
<input type="radio"/> Clean-up Crew	<input type="radio"/> Sports Runner
<input type="radio"/> Other areas	



Volunteer Liability Release Form

I hereby agree that if I am accepted as a volunteer worker for SEA Games, USA and Hmong American Culture Academy of Arts, LLC. (HACAA, LLC), I agree to comply with all of the rules and regulations which may be established by SEA Games USA and HACAA, LLC. I understand that failure to comply with the rules and regulations may result in my immediate termination as a volunteer.

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of SEA Games USA and HACAA, LLC that SEA Games, USA and HACAA, LLC shall not incur no liability of any nature as a result of my volunteering for the SEA Games, USA festival event on August 3 - 4, 2019 at Gibson Ranch Park.

I acknowledge that in performing volunteer tasks there exists a risk of injury including physical harm or death, and that all services performed by me will be done at my own risk. Therefore, on behalf of myself, my heirs, and personal representatives, I hereby release, discharge, indemnify and hold harmless SEA Games USA and HACAA, LLC its assigns, successors, agents, employees, contractors, and representatives from any and all claims, causes of action, or demands of any nature of cause whatsoever, including costs and attorney fees, arising out of or relating to my volunteering with the festival, including, but not limited to, accidents, or injuries.

I understand that public relations are an important part of volunteering with the clinic. On behalf of myself, my heirs, and personal representatives, if accepted as a volunteer, I give SEA Games USA and HACAA, LLC permission to use and publish photographs taken of me as a volunteer for use in its public relations efforts.

Volunteer Signature _____ **Date:** _____

Print Name _____ **Date:** _____

Parental Consent (only complete if the Volunteer is under the age of eighteen)

I represent that I am the parent or legal guardian of a minor, (the "Volunteer"), and by my signature below consent to and allow my son/daughter/ward to perform volunteer services for SEA Games USA and HACAA, LLC under the terms and conditions as set forth, above, for volunteers. In addition, I give SEA Games USA and HACAA, LLC permission to use and publish photographs of my son/daughter/ward, the Volunteer, as part of its public relation efforts.

On behalf of myself and the Volunteer, and our heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless the clinic and its assigns, successors, agents, employees, contractors, and representatives, from any and all claims, causes of action, or demands of any nature or cause whatsoever, including costs, and attorney fees, arising out of or relating to the Volunteer's volunteer work with the clinic, including, but not limited to, accidents or injuries.

I hereby release and forever discharge SEA Games USA and HACAA, LLC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my son/daughter/ward as a volunteer with SEA Games USA and HACAA, LLC.

Parent or Guardian Signature _____ **Date:** _____

Print Name _____ **Date:** _____