



Sips & Suds Champagne and Beer Stroll

Thursday, March 22, 2018

Volunteer Information Form

Name: _____ Are you 21 or older? **Yes No**

Note: An adult must accompany your volunteer group if you are under 21 years of age.

Phone #: _____ Email: _____

Mailing Address: _____

Time(s) Available *(please circle all that apply)*:

Event Set-up

1 - 4 pm

Event Assistance

5:00 - 10:00 pm

Other specified time window: _____

Are you available to assist with any event prep prior to the day of the event? **Yes No**

How did you hear about the event? _____

2018 SIPS & SUDS CHAMPAGNE AND BEER STROLL WAIVER/RELEASE FORM & AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

In consideration of my entry, I, my heirs, executors and administrators release and forever discharge the McMains Children's Developmental Center (legal name The United Cerebral Palsy Association of Greater Baton Rouge, Inc.), hereafter referred to as the "Center", their officers, staff, sponsors, board members, and all voluntary community groups and all organizations assisting this event sponsors' producers, their agents and representatives of all liabilities, claims, damages or cost which I may have against them arising out of, or in any way connected with, my participation of the event, I understand this waiver includes claims based on negligence, action or inaction of any above parties, I fully recognize the difficulties of this event and declare that I am physically fit and able to compete in this event safely, and not have been told otherwise by a medically qualified person. Furthermore, I certify that I have secured for myself life and accident insurance coverage up to the third party liability to answer for any damages or loss of life and property that may occur in this particular event.

Additionally, I hereby authorize the McMains Children's Developmental Center and project sponsors, to use, reproduce, and/or publish photographs and/or video that may pertain to me— including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Center's and project sponsors' Internet Web Page or social media sites. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Center and project sponsors may publish materials, use my name, photograph, and/or make reference to me in any manner that the Center and project sponsors deems appropriate in order to promote/publicize service opportunities.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature *(if volunteer is under 21)*: _____ Date: _____

Email completed forms to Kim at khaynes@mcmainscdc.org, or mail or fax to the Center.

McMains Children's Developmental Center

www.mcmainscdc.org

1805 College Drive, Baton Rouge, LA 70808, phone 225-923-3420, fax 225-922-9316