

VOLUNTEER PARTICIPANT APPLICATION (Please print legibly)

Name:		
Mailing Address:		
City/State/Zip: Day of Parade Phone: ()		
Email:		
am an Adult (over 18) \square Youth \square Youth Age:NOTE: If under 18 years of age, parent or guardian permission and signature required.		
Please list volunteer positions you are interested in:		
I am participating in the Palm Springs Festival of Lights Parade ("Even December 2, 2023. In consideration for my participation in the Event of agree to indemnify, release, defend, and hold harmless the owner of the of Palm Springs, including its employees, agents, officials, and officers damages, or liabilities of any kind arising out of or in connection with video and photographs to be taken of me for use in future City publicity compensation for such use. I also agree that in the event any provision determined by any court to be invalid or unenforceable for any reason provisions shall remain in full force and effect.	and with full understanding of the rist the property on which the Event occu is, from any and all claims, demands, my participation in the Event. I also of ty and I understand that I will not red in of this Liability Waiver and Release	ks involved, I irs and the City actions, consent to ceive any is declared or
Volunteer Signature	Date	
Parent/Guardian Name (print)		
Parent/Guardian Signature	Date	