



Town of Clarkdale
 P.O. Box 308 / 39 North Ninth Street
 Clarkdale, AZ 86324
 (928) 639-2460 Fax (928) 639-0029

**TOWN OF CLARKDALE
 SPECIAL EVENT VOLUNTEER APPLICATION**

Date of Application: _____ **Complete & return application to: dawn.norman@clarkdale.az.gov;
 Fax 928-639-2489; or drop off at the Clark Memorial Library, 39 N 9th St.**

Section I: General Information

Name: _____ Date of Birth: _____
 Address: _____
 Mailing Address: _____
 Phone # _____ Alt./Cell Phone# _____
 Email Address: _____
 Do you possess a valid Arizona Driver's License? Yes No
 Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations) Yes No
 If yes, please attach a separate sheet with your information include full details, nature of offense and punishment or penalty.

Section II: Emergency Contact

In case of an emergency, please contact the following:
 Emergency Contact: _____ Phone #: _____ Alt. Phone#: _____
 Address: _____
 If you have a medical provider you wish to have contacted, please provide their name and phone number:
 Medical Provider Name: _____ Phone #: _____

Section III: Volunteer Agreement

I _____, choose to participate in the **VERDE RIVER POKER RUN**, as a volunteer and understand that my services are donated to the Town of Clarkdale without contemplation of compensation or future employment, given for humanitarian or charitable reasons. I hereby declare that I will comply with all of the requirements of ordinances and regulations of the Town of Clarkdale. I hereby authorize the Town of Clarkdale to verify, by direct contact or otherwise, any or all information provided in the application and any subsequent interview and release the Town of Clarkdale from any and all liability arising from those actions.

 Signature of Volunteer Date

Section IV: Parent or Legal Guardian consent for Volunteers Under Age 18

All volunteers under the age of 18 must have a parent or legal guardian complete this section.

CONSENT OF PARENT OR LEGAL GUARDIAN FOR MINOR'S PARTICIPATION AS A VOLUNTEER

I, _____, the parent/ legal guardian of _____, choose to permit _____ to participate in the **VERDE RIVER POKER RUN** as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer _____.

 Signature of Parent/Guardian (Required if volunteer is under the age of 18) Date

CONSENT OF PARENT OR GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER

I, _____, the parent/legal guardian of _____, a minor who was born on _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment or care rendered to or for said minor for injuries.

 Signature of Parent/Guardian Date

Town Use Only

Date: _____ Staff Approval : _____



TOWN OF CLARKDALE

COMMUNITY SERVICES
PARKS & RECREATION



VERDE RIVER POKER RUN
VOLUNTEER WAIVER

NAME: _____ DATE OF BIRTH/AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

T-SHIRT SIZE (Note: Men Sizes): X-SMALL SMALL MEDIUM LARGE X-LARGE XX-LARGE

AGREEMENT, WAIVER & RELEASE OF LIABILITY

(Read before signing)

This is a release of liability and waiver of certain legal rights.

In consideration for my being permitted to participate as a volunteer in the activities of the Town of Clarkdale, I agree to the following Waiver and Release:

I acknowledge that paddling events on water have inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in an outdoor environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

Walking in rugged country, including encounters with wildlife and inclement weather conditions; canoeing, kayaking, paddling and/or walking in moving streams and rivers.

I understand the risks and hazards. I understand that these activities may require good physical conditioning. I believe I have that good physical conditioning necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY PARTICIPATING WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

I am aware that if assigned as a safety boater that U.S. Coast Guard approved personal flotation devices (life jackets) are required and must be worn by every safety boat volunteer in this event.

Lastly, I, for myself, my heirs, successors, executors, and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS the Town of Clarkdale, Arizona State Parks, Yavapai County, Freeport McMoRan Copper and Gold Inc., Clarkdale-Jerome School District and their directors, officers, agents, employees, volunteers and sponsors from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, autos or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of the Town of Clarkdale, Arizona State Parks, Yavapai County, Freeport McMoRan Copper and Gold Inc., Clarkdale-Jerome School District or from some other cause. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to sue the Town of Clarkdale, Arizona State Parks, Yavapai County, Freeport McMoRan Copper and Gold Inc., Clarkdale-Jerome School District as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of the Town of Clarkdale.

Photos/Video/Email: The Releasing Parties agree that any photos or videos (electronic, film or digital) taken of the Releasing Parties or in which the Releasing Parties may appear may be used for any purpose, including publicity and commercial marketing and advertisement by the Town of Clarkdale and email addresses provided by the Releasing Parties may be used for promotion of future events to the Releasing Parties and this agreement evidences my consent to such uses.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

Print Name _____ Signature _____ Date _____

IF THE VOLUNTEER IS A MINOR, his/her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of _____ who is a minor, on my own and said minor's behalf to the terms and conditions of the foregoing Agreement, Waiver & Release of Liability.

PARENT/GUARDIAN:

Print Name _____ Signature _____ Date _____