



**EVENT VOLUNTEER AGREEMENT/LIABILITY WAIVER**

Event:

Hours:

Date:

Please sign your name, address, phone number, and e-mail address, if applicable, on this liability waiver form.

By signing this agreement, I agree to indemnify and hold the City of Wenatchee, its elected officials, officers, agents, employees, other volunteers, and any other third party for whom I am performing volunteer services, harmless from and against any liability or costs arising from or resulting from my actions as a volunteer. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

	NAME (SIGNATURE)	NAME (PRINTED)	ADDRESS	PHONE/E-MAIL ADDRESS	HOURS
1.					
2.					
3.					
4.					
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9.					

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	NAME (SIGNATURE)	NAME (PRINTED)	ADDRESS	PHONE/E-MAIL ADDRESS	HOURS
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11.					
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