

# FALL FEST

## Des Plaines Family Festival

# ★ WANTED: VOLUNTEERS! ★

**Friday, Saturday, & Sunday  
September 12-14 at Lake Park**

**We need volunteers to help us with:**

KidZone! (Games, arts & crafts, ticket taker)

Wristband Area (must be 21+) • Cleanup Crew with CleanUpGiveBack.org • Park Patrol (must be 18+)

To complete this form online, please visit [FallFestDesPlaines.com](http://FallFestDesPlaines.com).

Email as an attachment to: [Rec.Dept@DPParks.org](mailto:Rec.Dept@DPParks.org).

Or, fill in this form and return it to the Park District (by mail or in-person):

Fall Fest Volunteers, 2222 Birch Street, Des Plaines, IL 60018

**Yes, I would like to volunteer at Fall Fest!**

I would prefer to work these days and times:

Friday: ☐ 5:30-8:30pm ☐ 8:30-11:30pm (18+ only)

Saturday: ☐ 11:30am-3:30pm ☐ 3:30-7:30pm\* ☐ 7:30-11:30pm (18+ only)

Sunday: ☐ 11:30am-3:30pm ☐ 3:30-7:30pm\* \*KidZone shifts 3:15-6:30pm

Your age: ☐ 13-17 ☐ 18-20 ☐ 21+

Free T-shirt for the  
first 150 volunteers!



*Thank you!  
We appreciate your support!*

Check your T-shirt size (adult): ☐ S ☐ M ☐ L ☐ XL ☐ XXL

— Please sign the waiver on page 2 —

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_



## Volunteer Waiver and Release

The Des Plaines Park District "The Park District" is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that The Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for The Park District to guarantee absolute safety.

### Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

*As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Park District, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.*

*I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line signature shall substitute for and have the same legal effect as an original form signature.*

**Volunteer's Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Volunteer signature if 18 years or older, parent/guardian signature required if volunteer is under 18 years of age)