

# Taste of Oakland Fest Volunteer Service Agreement Form

I, \_\_\_\_\_, am at least 18 years old\* and agree to volunteer my services to Youth Aid Nonprofit at the Taste of Oakland Fest 2017.

I understand that if I am under 18 years old that I must have the signature of my parent or guardian before I may volunteer my services to Youth Aid Nonprofit.

I understand that any area I volunteer for as part of my service will be performed using the materials provided by Youth Aid Nonprofit.

I acknowledge and agree that there is no salary, other compensation or prizes of any kind to be provided by the Youth Aid Nonprofit for my services as a volunteer. Rewards or prizes for volunteer service to Youth Aid Nonprofit may be offered by other persons; however, Youth Aid Nonprofit is not responsible for payment of any such reward or prize to me. I agree to allow my image and voice, in photographs or video recordings, to be used to promote programs of Youth Aid NonProfit. I understand that during the course and scope of my volunteer services to Youth Aid Nonprofit I must carry my own independent insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to Youth Aid Nonprofit, will be through making a claim through my personal insurance policy. I waive any other right or remedy that I may have available to me for the injuries described above. In addition, I release and discharge Youth Aid Nonprofit, its officers, volunteers, agents and/or employees from all actions, claims, losses or demands that I, my heirs, spouse, guardians, legal representatives or assigns may now or later have for any property damage arising or resulting from my volunteer service or activities. I also acknowledge and agree that my services are provided for the convenience of Youth Aid Non-Profit and may be terminated for any reason or for no reason and at any time by any event coordinator or board member of Youth Aid Non-Profit during this event without notice if they witness conduct that is harmful, unbecoming or otherwise detrimental to the event. I agree to abstain from alcohol or any drug that may cause me to be mentally or physically impaired during the time I am performing my volunteer services.

_____ First Name	_____ Last Name	_____ Relationship to Volunteer
_____ Address	_____ City	_____ Zip
_____ Phone	_____ E-Mail	
_____ Emergency Contact (Name)	_____ Phone	
_____ Volunteer's Signature (Signature of parent/guardian required if under 18 years old)	_____ Date	_____ Verified by (Office use only)