Breakfast with Santa Volunteer Form
Event Date: Saturday, December 2, 2023

Forms due by Friday, November 17, 2023

Volunteer Information:

Name:_____ Age: _____

School: _____

Address: _____

City, State, Zip: _____

Home Phone Number:_____Cell Phone:_____

E-Mail Address: _____

Volunteers will be assigned to a station, stations include:
Fishpond, Arts and Crafts, Bean Bag Toss, Face Painting, Table Clearing, Seating host, Server

Emergency Contact Information:

Emergency Contact Name:_____Phone Number: _____

If under 18 years old Parent Guardian name: _____

Phone number: _____

I, the undersigned adult, on behalf of myself and my child(ren) assume all risks and hazards reasonable related to the conduct of the program. Further, I do hereby release and hold harmless the City of Spokane Valley, its elected and appointed officials and employees, the organizers, sponsor, supervisor, contracted facilitator, or any volunteer connected with the program from any and all claims, injuries, damages, losses or suites, including attorney fees, arising out of or in connection with the program. I acknowledge that I have familiarized myself with the description of the activities, understanding the hazards and my child(ren)'s personal limitations, and knowingly assume all risks. In the event of an medical emergency, I authorize transportation to the nearest appropriate medical facility, and authorize emergency medical care if no one listed on this form can be reached. If applicable, I authorize City of Spokane Valley program facilitators to administer medications to my child as outlined above, an release from all liability said facilitators for any injury resulting from the administration of those medications, provided all medications are administered in accordance with the above schedule and conditions. In the absence of a signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release. I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Spokane Valley informational or promotional use.

_____

Signature (signed by-circle one) Parent Guardian Participant Date

Please Return To: Spokane Valley Parks and Recreation/Centerplace
2426 N Discovery Place - Spokane Valley, WA 99216
Attn: Kendall May kmay@spokanevalley.org **Fax:** 509-720-5250 **Phone:** 509-720-5403

DETACH AND KEEP FOR YOUR INFORMATION

Volunteer Information: Saturday, December 2, 2023, **Time:** 7:30am – 11:30am
Location: CenterPlace Regional Event Center ~ 2426 N Discovery Place, Spokane Valley 99216
Contact: Kendall May, Recreation Coordinator, Office: 509-720-5403 / Cell: 509-530-9872