



**CULVER CITY PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT**  
**Fiesta La Ballona YOUTH Volunteer Application**

Thank you for choosing Fiesta La Ballona to do your Community Service or Volunteer Hours. In order to assist you more fully, please take a moment and fill out the following information. This will help us to schedule your hours more appropriately.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Referred by: \_\_\_\_\_

Number of hours required to fulfill: \_\_\_\_\_ Deadline to Complete Hours: \_\_\_\_\_

Days and times you can work:

Fridays from \_\_\_\_\_ to \_\_\_\_\_ Saturdays from \_\_\_\_\_ to \_\_\_\_\_ Sundays from \_\_\_\_\_ to \_\_\_\_\_

Any health or physical restrictions we should be aware of?  Yes  No  
 If yes, please state: \_\_\_\_\_  
 \_\_\_\_\_

Skills, hobbies, special interests that might be utilized: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of volunteer work you would prefer:  Runner  Crowd Control  Information  
 Parking Lots  Ticket Sales  Vendors  Set Up for Event  Clean up for Event  
 Main Stage  Community Stage

I understand that I am a volunteer worker for the City of Culver City and will receive no compensation for my donated work. I understand as a volunteer I am not entitled to any employee benefits. I further understand that if I fail to conduct myself in an appropriate manner, I will not be allowed to continue volunteer services.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Any additional comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE FILL OUT WAIVER ON BACK OF SHEET:**

**CITY OF CULVER CITY**  
**PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT**

**MINOR RELEASE FORM AND CONSENT TO MEDICAL TREATMENT**

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**ACTIVITY:** ALL ACTIVITIES OF THE FIESTA LA BALLONA – August 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> 2007

**VOLUNTARY RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

I hereby give my permission for the Minor in my custody to participate in the above-mentioned Activity. I am aware that in participating in the Activity, the Minor may be exposed to risks of damage to his/her personal property and personal injury to himself/herself including, but not limited to the following: illnesses, contusions, lacerations, sprains, broken bones, head injuries, spinal injuries, respiratory problems, heart attacks, strokes or death. I hereby agree to accept and assume all responsibility for any and all risks of damage, injury, or death involved in the Activity, whether the risks are known or unknown to me.

In consideration for the City of Culver City allowing the Minor to participate in the Activity, I hereby agree that I, said Minor, my heirs and assigns, and the heirs and assigns of said Minor, will release the City of Culver City, the Fiesta La Ballona Committee, the Activity's promoters and sponsors, any other municipalities or public agencies involved in the Activity and the officials, agents and employees of each organization, from and against any and all liability arising out of the negligent or wrongful acts or omissions associated with said Minor's participation in the Activity.

Additionally, I agree to indemnify and hold harmless the City of Culver City, the Fiesta La Ballona Committee, the Activity's promoters and sponsors, and any other municipalities or public agencies involved in the Activity and the officials, agents and employees of each organization for any claim, lawsuits or demands which may be brought by any person against the City of Culver City, the Fiesta La Ballona Committee, the Activity's promoters and sponsors, and any other municipalities or public agencies involved in the Activity and the officials, agents and employees of each organization based on said Minor's participation in the Activity.

I agree to accept and abide by the rules and regulations of the City of Culver City and Fiesta La Ballona Committee.

I give my permission to the City of Culver City to photograph me or said Minor or otherwise use my likeness or that of said Minor for use in the City of Culver City's publicity material or publications, and I will not seek compensation of any type or amount for such use.

\_\_\_\_\_(Initial)

**CONSENT TO MEDICAL TREATMENT OF MINOR**

In the event of illness, injury or accident which may occur while said Minor is engaged in the Activity, I hereby authorize and give my consent pursuant to California Family Code Section 6910, to the City of Culver City, its representatives, agents or employees, to seek medical treatment for said Minor from a physician licensed under the laws of the State of California. \_\_\_\_\_(Initial)

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN MYSELF AND THE CITY OF CULVER CITY. I HAVE AGREED TO SIGN THIS AGREEMENT ON MY OWN FREE WILL.**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, Asthma, etc.) If necessary attach separate sheet:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Numbers: 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE CONSIDER YOUR EMERGENCY CONTACT PEOPLE CAREFULLY**