

OHFISHAL 2011 FESTIVAL VOLUNTEER SIGN-UP & REGISTRATION FORM

Become an Ohfishal...



October 1 & 2
10am-6pm Daily • Issaquah

Geoteaming Weekend
Sat. Sept. 24th

YES! I would like to be a 2011 OHFISHAL at this year's Issaquah Salmon Days Festival!

I am interested in volunteering for _____ one or _____ shifts (approx. 3-4 hours each) with: *Check one or more, as applicable*

- | | |
|--|---|
| <input type="checkbox"/> BIKE CORRAL | <input type="checkbox"/> GRANDE PARADE (10/1) |
| <input type="checkbox"/> BOOTH OHFISHALS/ASST. | <input type="checkbox"/> INFO BOOTHS |
| <input type="checkbox"/> BOOTH OHFISHAL/SITTER | <input type="checkbox"/> PARKING |
| <input type="checkbox"/> ENTERTAINMENT/STAGES | <input type="checkbox"/> REFUSE RANGERS |
| <input type="checkbox"/> FESTIVAL RETAIL | <input type="checkbox"/> SHUTTLE BOOTHS |
| <input type="checkbox"/> FIELD OF FUN | <input type="checkbox"/> SURVEY TAKERS |
| <input type="checkbox"/> GEOTEAMING (9/24) | <input type="checkbox"/> TECH TEAM |
| <input type="checkbox"/> GOODWILL/HOSPITALITY | |

I would like to volunteer:

- | | |
|--|---------------------|
| <input type="checkbox"/> As a family | No. of people _____ |
| <input type="checkbox"/> As a business group | No. of people _____ |

YOUR NAME _____

BUSINESS NAME (If applicable) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEST PHONE # (a.m.) _____ (p.m.) _____

EMAIL ADDRESS: _____

Best way to contact me: By mail By phone By email

DAY(S) and TIME(S) I am available to volunteer:

- | | | |
|--|-------|---------|
| <input type="checkbox"/> BEFORE Oct. 1 | _____ | am / pm |
| <input type="checkbox"/> SAT. Oct. 1 | _____ | am / pm |
| <input type="checkbox"/> SUN. Oct. 2 | _____ | am / pm |
| <input type="checkbox"/> AFTER. Oct. 2 | _____ | am / pm |
| <input type="checkbox"/> OTHER List date(s)/time(s): | _____ | |

OHFISHAL T-SHIRT

Preferred Size:

- | |
|-----------------------------|
| <input type="checkbox"/> S |
| <input type="checkbox"/> M |
| <input type="checkbox"/> L |
| <input type="checkbox"/> XL |
| <input type="checkbox"/> 2X |
| <input type="checkbox"/> 3X |

IMPORTANT: Each volunteer MUST complete a registration form and sign the Release of Liability. You may copy this form, request additional forms or download additional forms at www.salmondays.org

PARTICIPANT RELEASE OF LIABILITY: I am fully aware of the special dangers and risks inherent in the VOLUNTEER activity that I have signed up for through the 2011 Issaquah Salmon Days Festival for myself and/or my child(ren), including physical injury, loss, death, damage, or other consequences that may arise or result directly from the activity in which I and/or my child(ren) may participate. I hereby assume all risk of liability for injury, loss, death, damage, or other consequences. I also forever discharge and waive any right of recovery from, or to bring suit against, the Issaquah Salmon Days Festival, Issaquah Chamber of Commerce, or City of Issaquah, and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself and/or my child(ren) arising out of my and/or my child(ren)'s voluntary participation in an activity through the Issaquah Salmon Days Festival, except for injuries and damages caused by the sole negligence of the Issaquah Salmon Days Festival. PHOTO/VIDEO RELEASE: I, the undersigned participant and/or parent or guardian of the minor participants, give my permission to have photos/video tapes taken, without recompense, during the Issaquah Salmon Days Festival activities and used for publicity purposes.

Participant's Signature _____ Date _____

Signature of Parent/Legal Guardian (if under 18 years of age) _____

Return completed and signed form(s) to:
The Issaquah Festivals Office, 155 NW Gilman Blvd, Issaquah, WA 98027
FAX: (425) 392-8101 • email: info@salmondays.org • www.salmondays.org

OPTIONAL:

How did you hear about volunteering with Salmon Days?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Have volunteered before | _____ |
| How many years? | _____ |
| <input type="checkbox"/> Sign-Up Party invite | _____ |
| by mail | <input type="checkbox"/> by email |
| <input type="checkbox"/> Found information from: | _____ |
| <input type="checkbox"/> newspaper | <input type="checkbox"/> website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> TV | |
| <input type="checkbox"/> Other (list): | _____ |

Thank you for being an Ohfishal part of Salmon Days 2011!