



**Pride in the Pines Festival – Volunteer Form**  
**Northern Arizona Pride Association**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MEDICAL / SPECIAL  
NEEDS: \_\_\_\_\_

ARE YOU 19 YEARS OF AGE OR OLDER:            YES                            NO

T-SHIRT SIZE:                            S                            M                            L                            XL

TIME AVAILABLE TO VOLUNTEER:  
\_\_\_\_\_

PLEASE DISCUSS AREAS OF INTEREST AND ANY SKILLS YOU MAY HAVE:  
(Set-up/Take-down, Evening events, Ticket sales, Beer garden, Non-Alcoholic Drinks, Stage, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY?            Y                            N

*Office Use Only*

Date received:    /    /

Scheduled: \_\_\_\_\_

WAIVER: \_\_\_\_\_

AGREEMENT: \_\_\_\_\_

Other: \_\_\_\_\_

Thank You: \_\_\_\_\_ Date \_\_\_\_\_

# AGREEMENT, WAIVER AND RELEASE OF CLAIMS

The undersigned agrees as follows:

1. That I am volunteering my services for Northern Arizona Pride Association on a voluntary basis without anticipation of payment of any kind;
2. That I will perform assigned tasks which are within my physical capability to the best of my ability, and that I will not undertake tasks that are beyond my ability or physical capability;
3. That I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this volunteer activity, and that I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely;
4. That I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments;
5. That I hereby release and discharge, agree to indemnify and hold harmless, Northern Arizona Pride Association, Pride in the Pines festival, and their agents, employees and representatives, from all claims demands, actions, or judgments which I, or my heirs, executors, administrators or assigns, may have for any and all injuries and damages, known or unknown, caused by or arising out of the above-described activity;
6. That I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as a Northern Arizona Pride Association employee, agent, official, officer, or representative, and further acknowledge that I am not entitled to any compensation, benefit or insurance coverage from Northern Arizona Pride Association, nor will I make any such claim;
7. That I have read this agreement, waiver, and release of claims, and understand its terms, and that I voluntarily execute it with full knowledge of its significance.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Mail / fax application to:*  
NAPA – Volunteer Committee  
P.O. Box 1604  
Flagstaff, AZ 86002  
(F) 928. 255.4667

*Or email to:*  
info@flagstaffpride.org

*Please note that all information given will be held in confidence. Your name, address, and/or telephone number will not be shared with anyone outside the Board of Directors and/or Volunteer Committee of the Northern Arizona Pride Association.*