



Student Volunteer Registration Form - (17 years of age and younger)

Name: _____ DOB: _____

Mailing Address: _____ City _____ Zip _____

Home#: _____ Cell#: _____

E-mail _____ School: _____

Emergency Contact Name: _____ Phone #: _____

I have the following limitations, and request that they be considered: _____

Volunteer opportunities at the Fairgrounds, and when they are needed. CIRCLE your choice(s):

Information Booth - During Fair

Parking and/or Security- During Fair

Livestock Areas - During Fair

Demolition Derby Pumpkin' Smash - October

Office Assistant - Year Round - You will be contacted, as needed

Gate Attendant: - Year Round - You will be contacted, as needed

Distribute Advertising - Year Round - will advise as needed.

Grounds/Maintenance - Year Round - You will be contacted, as needed

Signage, (Putting out, hanging up and taking down signs) - Year Round - will advise as needed.

As a volunteer for the Hernando County Fair Association, I agree to the following:

- To fulfill confirmed shifts and arrive on time for each shift. Shifts are filled on a first come, first serve basis. I understand that I may be asked to serve in another area if the one I am requesting is full.
- To have my Official Pass with me at all times.
- To observe all rules and be safety conscience during events.
- To be an Ambassador of good will, and helping patrons in all capacities.
- Not to be under the influence of alcohol, or drugs during scheduled shifts. (If you wish to consume alcohol, **after your shift**, please remove your Fair ID or Security Shirt before doing so ~ thank you!)

I the undersigned, do hereby forever discharge, release and hold harmless the Hernando County Fair Association (HCFA), and its sponsors, of and from any and all manner of action, suits, damages, or claims whatsoever arising from any loss or damage to my person or property of the undersigned while in the possession or under the supervision of the HCFA. I hereby consent to all rules & regulations established for the event I am volunteering at and understand that the HCFA will have final authority. I understand that failure to abide by the above stated guidelines will result in my immediate dismissal from the event.

Student Signature: _____ Date: _____

Adult Signature: _____ Date: _____