



Electric Christmas Parade

Saturday, November 29, 2008

Volunteer Application

Please print and fill out completely.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Preferred # (_____) _____ Secondary # (_____) _____

Are you 18 years of age or older? YES ____ NO ____ If NO, how old are you? ____

Group or Organization (if applicable) _____

Please Circle preferred role:

1. PARADE PACER
2. BANNER CARRIER
3. ELF/ GENERAL VOLUNTEER

Have you volunteered for a Parade before? YES ____ NO ____
If yes, what position(s)? _____ What year(s)? _____

MEET AT CITY HALL (2 E. MAIN ST.) at 4:00 p.m. on Saturday, November 29th

I / we the undersigned have read this application and if chosen, agree to participate in the 2008 Electric Christmas Parade in St. Charles on Saturday, November 24 and any training activities before that date required for the event. I / we understand that I / we may have to be on site at an early hour on Saturday, November 29, 2008 and despite weather conditions, "The show must go on." In consideration for being accepted as a parade volunteer, I / we irrevocably grant the Downtown St. Charles Partnership in cooperation with the City of St. Charles and all their agents, the exclusive right to use my / our name, likeness, photos or reproduction of my / our performance for any purpose including promotion, advertising, or otherwise. With these rights, I / we hereby release the Downtown St. Charles Partnership and the City of St. Charles and all their agents, from any and all their claims, liabilities, and or damages which may now or in the future arise by reason of such use. Further, I / we acknowledge that I / we am / are aware of the risks associated with the participation in this event and on my/our behalf and that of my / our heirs', do hereby release the Downtown St. Charles Partnership and The City of St. Charles and all their agents, from all claims, liabilities, and / or damages on account of any personal injury or property damage which may occur from any cause before, during or after the event.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(SIGNATURE REQUIRED if volunteer is less than 18 years of age.)

Please complete and return to:

**Deb Pfaff
Downtown St. Charles Partnership
213 Walnut St. • St. Charles, IL 60174
Phone: 630-513-5386x.1 • Fax: 630-513-6310**