



Elvis Festival Volunteering REGISTRATION FORM

Name: _____

Daytime Phone: _____ Evening Phone: _____

Mobile: _____

Postal address: _____

Email: _____

Special needs (eg. no stairs, no heavy lifting): _____

Shirt size (please circle one)... S M L XL XXL

Have you volunteered for the Elvis Festival before (please circle one)...? Yes No

If yes, in which areas of the Festival did you assist? _____

Please describe your areas of interest in your own words: _____

Volunteer Commitment

I understand that by submitting this form my consent to these provisions is given in consideration for being permitted to participate as a volunteer in this event. The Elvis Revival Inc Committee are hereby authorized to remove me from the event or my volunteer position for any of the following reasons, including but not limited to:

- a) If I fail to complete my scheduled volunteer commitment;
- b) If I use profane or vulgar language or behaviour;
- c) If I fail to comply with the rules and regulations as set out in the Event Safety Manual or by the Volunteer Manager or Festival Security, in general;
- d) If I fail to disclose pertinent, or personal information that could directly or indirectly affect my volunteer position, duties or the safety of the general public or fellow volunteers;
- e) If I breach my responsibilities or disclose confidential information;
- f) If I am found to be or become involved in any criminal behaviour, action or circumstance during the Festival or in/on Festival property or grounds.

I am aware of, and voluntarily assume the risks of volunteering in this event. If I am injured, I agree that I will not sue, or otherwise hold responsible the Elvis Revival Inc, sponsors, organisers and volunteers of the Elvis Festival, their respective officers, directors, agents, representatives, successors from any and all claims, responsibility, liability or demands that I have or may have or my heirs, executors, administrators, assigns or any third party have or may have for personal injuries and or property damage of any nature or kind whatsoever, arising out of my participation, in any capacity or at any level, with the CountryLink Parkes Elvis Festival and its program or events.

Signature: _____ Date: _____

Thank you helping the CountryLink Parkes Elvis Festival. A roster and further information will be provided prior to the Festival.

Please return this form to: Elvis Revival Inc, PO Box 611, PARKES NSW 2870
Or drop it in to the Parkes Visitor Information Centre.

