



Please fax this form to 678-717-6787 or email to [volunteer@mfota.org](mailto:volunteer@mfota.org).

I hereby certify that I am a parent with legal custody or legal guardian of:

\_\_\_\_\_ (the "Junior Volunteer").  
(Print Name)

The Junior Volunteer has my permission to participate as a volunteer in the Midtown Festival of the Arts ("Festival") on the weekend of September 25 & 26, 2010.

To the best of my knowledge, he or she is physically fit to engage in such activity and is not suffering from any disease or injury that could interfere in any way with his or her ability to safely participate in the Festival. I understand that only basic first aid will be available at the Festival, and that the Festival does not offer medical supervision.

I understand that the Junior Volunteer will be given basic instruction and very basic training, but that he or she will be expected to perform volunteer duties without direct supervision. I understand that volunteer team captains will be available to answer questions and assist volunteers, but will not be physically present with the Junior Volunteer at all times. I understand that it is the Junior Volunteer's responsibility to remain at his or her designated site at all times.

I on behalf of the Junior Volunteer, I hereby agree to the terms in this agreement and, on behalf of the Junior Volunteer, I hereby waive and release all claims against the Midtown Festival of the Arts, Inc., including its employees, staff, independent contractors, officers, directors, and volunteers, and to hold all of them harmless from any and all liability relating to the Junior Volunteer's work at the Festival for any personal injury or illness that may be suffered or any loss of property that may occur to the Junior Volunteer.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Telephone Number)