



**April 26, 2019 \* 5:30pm \* Gardendale First Baptist Church-North**  
**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Organization/School \_\_\_\_\_ (Grade)\_\_\_\_\_

City\_\_\_\_\_

E-mail Address (Student MUST check this email regularly)\_\_\_\_\_

\_\_\_Friday Mid Day (12-3pm)          Friday Evening (3/4pm-8pm) Please specify time \_\_\_\_

.....  
 The Gardendale Magnolia Festival Color Race does not participate in court ordered volunteer hours.

**If you have any questions or concerns about volunteering please call or email our Gardendale Magnolia Festival Volunteer Coordinator, Rebecca Recke at 205-529-2121.**

Visit our website at [www.magnoliafestival.org](http://www.magnoliafestival.org)

**Like and Share our social media:**

**Facebook: Magnolia Festival 5K, Magnolia Festival in Gardendale**

**Instagram: MagnoliaFestival\_Gardendale**

**Twitter: Gdalemagfest**

.....  
 I/we, the undersigned, for and in consideration of permission to participate as a volunteer for Gardendale Magnolia Festival 5K Color Race on April 26, 2019, agree to indemnify, hold harmless, and defend the City of Gardendale, Alabama, its officials, representatives, agents, servants, and employees from and against any and all claims, actions, lawsuits, damages, judgments, liability and expenses, including attorneys fees and litigation expenses, in whole or in part arising out of, connected with, or in any way associated with my/our activities preparing for Gardendale Magnolia Festival 5K, participating in Gardendale Magnolia Festival 5K or traveling to or from Gardendale Magnolia Festival 5K.

In the event of any emergency, I/we authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment for any and all medical services rendered.

**I HAVE READ AND FULLY UNDERSTOOD THE ABOVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT.**

\_\_\_\_\_  
 Signature of Volunteer

\_\_\_\_\_  
 Date

EMERGENCY CONTACT # \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

**MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER 19.**

**Email this application to [rrecke@jefcoed.com](mailto:rrecke@jefcoed.com)**