

Downey Rose Float Association

ADULT RELEASE FORM (Age 18 and above)

Effective Date: October 1st _____ to March 1^s, _____

I wish to perform volunteer construction and decoration of the float being entered in the forthcoming Pasadena Tournament of Roses Parade by the City of Downey. I understand that some of the work may be hazardous and may involve risk of personal injury. In particular, I realize that the work involves climbing upon and working around scaffolds and frames from which I may fall or be struck by falling objects. It also involves work with sharp objects and flammable materials. Furthermore, I realize that the treatment of such injury is **not** covered by any medical insurance policy provided by the Downey Rose Float Association, or any other organization in charge of construction, decorating and transporting the float.

In the event that I should suffer any injury or illness requiring immediate medical attention while working on the float, The Downey Rose Float Association, or any of their officers, directors, members, agents, assigns or employees, have my consent and permission to obtain medical care and treatment for me on my behalf. This consent extends to any doctor, dentist, nurse, paramedic, hospital or other persons or entities qualified and trained to treat such injury or illness in such manner as in their judgment and discretion is deemed necessary or advisable under the circumstances at such time. I will be responsible for the cost of such care or treatment.

In consideration for permitting me to work on the construction and decoration of the Downey Rose float, I agree not to sue or press any claim against the Downey Rose Float Association, or any of their officers, directors, members, agents, assigns or employees, for any injury to myself or damage to my property, as a result of, or arising out of my work on the float – even if such injury or damage is due entirely to the negligence of the Downey Rose Float Association, or any of their officers, or to the condition of the float or the property upon which it may be located.

I understand that I may be photographed or videotaped for educational, training, research, curriculum, marketing or similar purposes.

Last Name
(Please Print)

First Name

Signature		Today's Date	
Address		Telephone	
City, State & Zip		Cell Phone	
Emergency Contact Name		Emergency Contact Phone	

Are you a member of the Downey Rose Float Association? **Yes / No**
 Are you seeking Community Service hours? **Yes / No**