



THROWBACK FEST VOLUNTEER APPLICATION

Thank you for your interest in being a part of the Throwback Fest team. Please complete application below and email to info@throwbackconcert.com.

Full Name: _____

Address: _____

City: _____ State: _____ Zip code _____

E-mail Address: _____

Phone (Daytime): _____ Evening: _____

Driver's License # _____ SS#: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Hospital Preference: _____

Circle age group: 18-24 yrs. 25-30 yrs. 31-39 yrs. 40-50 yrs. 50& over

Educational Background: _____

Interests & Skills:

List any Special certifications:

Previous Experience:

What is your motivation for volunteering with our organization?

You must read the entire waiver, and sign your name before submitting this form.

I _____ have agreed to volunteer and or participate in activities/services related to Throwback Fest. In consideration of my volunteer efforts, representatives, and heirs, hereby agree to the following:

1. VOLUNTEER PARTICIPATION. My participation in the Throwback Fest is a voluntary act that I chose to do.
2. ASSUMPTION OF RISK. I understand my participation in Throwback Fest volunteer events and activities may involve risk of injury, disability, or death, which condition might result not only from my actions, but from actions of others. I assume all risks and dangers whether occurring prior to, during or after the event. I understand that Musical Ear Events LLC/ Throwback Fest make no guarantees of my personal well-being or property's safety. I am physically fit to carry out my participation in events.
3. WAIVER AND RELEASE. I release and discharge Musical Ear Events LLC (MEE) /Throwback Fest, Musical Ear Enhanced Corporation, its sponsors, employees, successors or assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation. I intend this Assumption, Waiver, Release and Consent shall apply and limit my relatives, heirs, next of kin, beneficiaries, or assigns who might pursue any legal action or claim for such liability, injury, loss or damage.
4. CONSENT TO MEDICAL TREATMENT. I agree and consent that Musical Ear Events LLC and Musical Ear Enhanced Corporation may select, but has no obligation, responsibility, or duty, to provide me qualified medical care provider, emergency assistance, transportation, or medical services. The consent does not impose a duty of any type on Musical Ear Events LLC.

Signature _____ *Print* _____
Date _____

If selected, you will be contacted shortly.