



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: _____

Select 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, the undersigned, wish to volunteer my services to various community service projects for you, Musical Ear Events LLC (MEE) and Musical Ear Enhanced Corporation (MEEC), a non- profit organization. In consideration for allowing me to participate in the Throwback Fest, Shades of R&B Concert, and Musical Ear Events project, I hereby agree and release Musical Ear Events LLC, the promoter, its officers, and Musical Ear Enhanced Corporation as follows:

I acknowledge and agree that the nature of the volunteer services which are typically performed by Musical Ear Enhanced Corporation volunteers, and which may be performed by me as a MEE and MEEC volunteer, may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to volunteer and hereby assume any and all risk in connection with my volunteer efforts or participation, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a MEE and MEEC volunteer or in any MEE and MEEC related project or activity. In addition to the foregoing, I will only participate in MEE and MEEC activities and projects that I am physically capable of participation without risk of injury to myself.

I hereby release MEE, MEEC, and its council, directors, officers, partners, agents, employees, assigns, licensees, sponsors, donors, representatives, guests and affiliates from, and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a MEE and MEEC volunteer or in any MEE and MEEC related activity or project, including, without limitation, any negligence of MEE , MEEC , its council, officers, directors, partners, employees, agents, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates.

I hereby agree to indemnify and hold MEE and MEEC , its council, directors, officers, partners, agents, employees, assigns, licensees, sponsors, donors, representatives, guests and affiliates harmless against any and all liabilities, claims, actions, damages, losses, judgments, fines, deficiencies, injuries, suits and proceedings at law or in equity, costs, or any other expense, fee or charge of any character or nature through all levels of appeal and

any amounts paid in settlement of the foregoing which may be imposed upon, incurred or threatened by or upon MEE and MEEC (or any related party as referenced above) or any of its property in respect to, or arising out of, my participation as a MEE and MEEC volunteer or in any MEE and MEEC related project or activity, 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.

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 MEE and MEEC.

I further irrevocably grant to Musical Ear Events LLC and Musical Ear Enhanced Corporation, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity; in connection with my participation with MEE and MEEC and any Musical Ear Events related activity or project.

This release shall inure to the benefit of Musical Ear Events LLC and Musical Ear Enhanced Corporation and its successors, licensees, agents, employees, affiliates and assigns. This release shall be governed by the laws of the State of Florida.

Signature

Date:

If selected, you will be contacted shortly. **By submitting this agreement and release, you agree to all the conditions and statements set for above.**

After you complete your form, feel free to save it to your computer, then email the form as an attachment to throwbackconcert@gmail.com, or click the submit button above.