Weeki Wachee Swamp Festival Inc.
Group Volunteer Application

This Application is to be used only for any external Group, or Organizations (Schools, Churches) that is interested in volunteering for our event.

Entity Name:	**Contact:**	**Title:**
Email:		**Phone:**
Secondary Contact:	**Phone:**	**Email:**
General Meeting Minutes and important communication are Emailed if this is an issue, please see Secretary	Are you a 501c3: ____ **Please include a copy of your IRS Determination Letter**	

When is your Group available to Support our Evant?

Set-Up & Break Down: Wednesday AM/ PM - Thursday AM/PM – Monday

Event: Friday AM/PM - Saturday AM/PM - Sunday AM/PM – Year Around Support -

Do you have any of the following: Students **need hours**: YES / NO or **Task Restricted**: YES / NO

First Name Last Initial	Youth 10-18yo	Adult 18+	First Name Last Initial	Youth 10-18yo	Adult 18+	First Name Last Initial	Youth 10-18yo	Adult 18+

Please **DO NOT** put ages on this form just X the box that applies

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Weeki Wachee Swamp Festival, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Weeki Wachee Swamp Festival its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Weeki Wachee Swamp Festival its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk and that I have read the foregoing terms and conditions of this release.

I agree to comply with Weeki Wachee Swamp Festival policies that every person served by Weeki Wachee Swamp Festival has the right to privacy in all matters concerning their treatment. Any and all information concerning or identifying a client or former client is confidential and is not to be disclosed without proper authorization. I agree to abide by all festival rules and understand the Weeki Wachee Swamp Festival Board of Directors reserves the right to make the final interpretation of all rules. I also understand that any uncivil behavior or breach of professional decorum will be the cause for immediate expulsion from the festival grounds.

If you are interested in having a Free Booth at our event to **ADVERTISE** your Group, Please Check the box below and we will do our best to get you a spot.

- ☐ YES, if a 10x10 spot if available (if not ticked the response is - NO)

Please keep in mind spots are **NOT Guaranteed** and that Weeki Wachee Swamp fest **DOSE NOT** allow our “free booth” 501c3 groups who are volunteering to solicit or sell items for money as they are eligible for (NOT Guaranteed) a donation at the end of the festival.

Please Submit this completed form to Info@weekiwacheeswampfest.org and if you have any questions,

Please Text: Victor Whayman at (352) 345-5538

I _____(print) as the Group representative have gotten the necessary and appropriate approval from any/all parents or guardians of the above-named minors (10-18) to allow them to participate in this event.

I also agree to have sufficient ADULT supervision at the event to ensure the safety and proper supervision of all minors involved.

_____

Group Representative Signature & Title Date

_____

President / Vice. President Date