

# LEO AWARDS 2008 Volunteer Agreement Form

Gala Awards Ceremony – Saturday, May 24, 2008  
Celebration Awards Ceremony – Friday, May 23, 2008

Thank you for your interest in becoming a part of LEO AWARDS 2008  
Please complete the application legibly and return to:

LEO AWARDS c/o Mina Khatam  
#700- 1155 West Pender Street, Vancouver, BC V6E 2P4  
Tel: (604) 688- 3721 ext 36 Fax: (604) 669-2288 Email: mina@events-one.com

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Have you volunteered with the LEO AWARDS before? Yes No

If yes, in which area? \_\_\_\_\_

What is your availability? (Check all that apply)  
Friday, May 23  4:30pm- 9:00pm  
 8:00pm-midnight

Saturday, May 24  4:30pm- 9:00pm  
 8:00pm- midnight

Do you have a preferred volunteer area? (Check all that apply)  
 Backstage  Silent Auction  
 Certificate Area  Ticket Collection  
 Check In  Floater  
 Photography Area

Please be flexible as all applications will be reviewed, but you may be placed according to need. Please also note that sometimes shifts may end earlier or later than scheduled.

**I have read and signed the Accident Waiver. I agree to handle my assignments in a dedicated, courteous and responsible manner. I will adhere to the instructions of the organizers to the best of my ability.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ACCIDENT WAIVER

In consideration of the acceptance of my voluntary participation in LEO AWARDS 2008, I hereby waive, release and discharge any and all claims for damages. Damages may include



death, personal injury or property damage which I may have, or which may hereafter accrue to me, against Events One Management or LEO AWARDS 2008 as a result of my participation in the event.

Knowing, understand and fully appreciating all possible risk, I hereby expressly, voluntarily and willingly assume all risk and dangers associated with my participation in this activity and to hold harmless Events One Management, its trustees, officers, employees and volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during the event.

I understand that at this event I may be photographed. I agree to allow my photo, video or film to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

My signature on this document certifies that I have read this document and that I understand its content.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent / Legal Guardian Waiver For Minors (Under 18 years old)

The undersigned parent or legal guardian does hereby represent that he or she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

