

# Biggenden APEX Rose Festival 2016 - Saturday 15<sup>th</sup> & Sunday 16<sup>th</sup> October 2016

PO Box 182, Biggenden QLD 4621, [www.rosefestival.com.au](http://www.rosefestival.com.au)



**Volunteer Nomination Form** - Complete this form and email it to [info@rosefestival.com.au](mailto:info@rosefestival.com.au), mail to the address above or bring it to the Den

Thank you so much for volunteering for the Biggenden APEX Rose Festival 2016. We will need all kinds of help there is always a job for you and all contributions are greatly appreciated. Please indicate if any of the main volunteering times on Saturday 15<sup>th</sup> of October suit you. Only tick an option if you can commit to that time, otherwise please leave the options blank and talk to us first. Approved **Festival Volunteers will be inducted and be covered by insurance during their volunteering activities.**

Saturday 5am to 8am \_\_\_\_ Saturday 8am to 11am \_\_\_\_ Saturday 11am to 2pm \_\_\_\_ Saturday 2pm to 5pm \_\_\_\_ Saturday 5pm to 8pm \_\_\_\_ Saturday 8pm to 11pm \_\_\_\_

These times don't suit me but I am available from \_\_\_\_ to \_\_\_\_ on \_\_\_\_\_

We need volunteers helping throughout Saturday, helping with all sorts of tasks from moving chairs to emptying rubbish bins.

NAME:.....ADDRESS:.....

ORGANISATION ROLE:.....EMAIL:.....PH:.....MOB:.....

A copy of the Festival Program will be sent via email to you on receipt of your application. The Program will also be displayed on our website: [www.rosefestival.com.au](http://www.rosefestival.com.au)

I give consent to Biggenden APEX Rose Festival to make, use and/or retain any image/s that may identify me or an individual at the events. I understand that I can withdraw or modify my consent at any time in writing to [info@rosefestival.com.au](mailto:info@rosefestival.com.au)

I acknowledge that this Festival is an activity which carries a certain amount of risk including the potential for serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, vehicles and/or event officials; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event. I certify that I am physically able, have sufficient training and/or experience for participation in this event and that for any concerns, I have sought advice from a qualified person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the organiser Biggenden APEX Rose Festival and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in this event, I (A) hereby discharge all liability which may hereafter accrue to me or my travelling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Biggenden APEX Rose Festival, volunteers, representatives and agents and the event sponsors (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

**I hereby certify that I have read this document and I understand its content.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_