



South Pasadena Tournament of Roses Association Volunteer Medical Release Form

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTHDATE: ____ / ____ / ____ E-MAIL: _____

EMERGENCY CONTACT: _____

PHONE : _____ RELATIONSHIP: _____

I wish to perform volunteer construction and/or decoration of the float being entered in the forthcoming Pasadena Tournament of Roses Parade by the South Pasadena Tournament of Roses Association (SPTOR). I understand that some of the work may be hazardous and may involve risk of personal injury. In particular, I realize that the work involves climbing upon and working around scaffolds and frames from which I may fall or be struck by falling objects. It also involves work with sharp objects and flammable materials. Furthermore, I realize that the treatment of such injury is not covered by any medical insurance policy provided by the SPTOR or any other organization in charge of construction, decorating &/or transporting the float.

In the event that I should suffer any injury or illness requiring immediate medical attention while working on the float, the SPTOR, or any of their officers, directors, members, agents, assigns or employees, have my consent and permission to obtain medical care and treatment for me on my behalf. This consent extends to any doctor, dentist, nurse, paramedic/EMT, hospital or other persons or entities qualified and trained to treat such injury or illness in such manner as in their judgment and discretion is deemed necessary or advisable under the circumstances at such time. I will be responsible for the cost of such care or treatment.

In consideration for permitting me to work on the construction and decoration of the South Pasadena Rose Parade float, I agree not to file suit or press any claim against the SPTOR, or any of their officers, directors, members, agents, assigns or employees, for any injury to myself or damage to my property, as a result of , or arising out of my work on the float – even if such injury is due entirely to the negligence of the SPTOR, or any of their officers, or to the condition of the float or the property upon which it may be located.

I understand that I may be photographed or videotaped for educational, training, research, curriculum, marketing or similar purposes. Initial of participant and/or guardian: _____

In consideration for permitting myself or my child to work upon the construction and decoration of the float being entered in the forthcoming Tournament of Roses Parade by the SPTOR, I, on behalf of myself or my child, agree to all the terms noted in the above agreement. Initial of participant and/or guardian: _____

I understand that this release will expire one year from the date of signature and will need to be renewed annually. Initial of participant and/or guardian: _____

DATE: _____ ADULT WORKER (Signature): _____

IF WORKER IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN BELOW

DATE: _____ GUARDIAN(Signature): _____