



May 1, 2021

## VOLUNTEER SIGN-UP AND RELEASE FORM

Times to Volunteer: 9:00 am to 1:00 pm on day before event & 7:00 am to 9:00 pm day of event

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Daytime Phone	Evening Phone	E-Mail Address	

I can volunteer (Check all that apply): Day Before Event: \_\_\_\_ 9:00 am – 1:00 pm

Day of Event: \_\_\_\_ 7:00 – 11:00 am      \_\_\_\_ 10:00 am – 2:00 pm      \_\_\_\_ 12:00 – 4:00 pm  
 \_\_\_\_ 3:00 – 7:00 pm      \_\_\_\_ 5:00 – 9:00 pm      \_\_\_\_ Anytime

If you are already assigned to a committee – name of committee \_\_\_\_\_

You are looking for a committee to help and want to be assigned as needed \_\_\_\_\_

T-Shirt Size **if working on Event Day:** \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2X \_\_\_\_ 3X \_\_\_\_ 4X

Limited supply - will be given out on day of event at volunteer sign-in

### VOLUNTEER RELEASE FORM

I wish to volunteer for the Twice as Fine Texarkana Wine Festival. I understand that the nature of volunteer activities I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless, and covenant not to file suit against the Alzheimer's Alliance Tri-State Area, the Twice As Nice Texarkana Wine Festival, the City of Texarkana, Texas and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer. **(Must be signed by parent if volunteer is under 18.)**

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

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

**Emergency Contact Information** Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email completed forms to Christina Guzman - [cguzman@ledwell.com](mailto:cguzman@ledwell.com)