# ART IN THE PARK VOLUNTEER INFORMATION 2026

Name _____ Birthdate _____

Address _____

Phone # _____ Grade (If Applicable) _____

Email Address _____

**SHIFTS:** Please confirm the shifts you are volunteering below.

- ☐ Friday, September 11th - 4:00-7:00 PM
- ☐ Saturday, September 12th - 9:30 AM-12:30 PM
- ☐ Saturday, September 12th - 12:30-3:30 PM
- ☐ Saturday, September 12th - 3:00-6:00 PM
- ☐ Sunday, September 13th - 11:00 AM-2:30 PM
- ☐ Sunday, September 13th - 2:30-5:30 PM

**LIMITATIONS:** If you have any limitations that you would like to make us aware of before volunteering, please list them here.

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**VOLUNTEER WAIVER:** In consideration of the City of Kent and the Kent Parks and Recreation Department granting me permission to engage in the recreational activities, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Kent, the Kent Parks and Recreation Department, their organizers, officers, employees, agents and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Kent, the Kent Parks and Recreation Department, their organizers, officers, employees, agents and sponsors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Kent property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. I authorize the City of Kent Parks and Recreation Department to photograph the participant for advertising and promotional purposes including, but not limited to newspaper advertisements, brochures and websites.

Volunteer Signature: _____ Date: _____

If under 18, Parent or Legal Guardian Signature: _____ Date: _____

ART IN THE PARK

kent parks & recreation