

TOMMY APOSTOLOS FUND

Shopping Spree December 7, 2024

Please print clearly

Volunteer Name:		
Street:		
City:	State:	Zip:
Primary Contact #:	E-mail address:	

VOLUNTEER PARTICIPATION FORM

I, _____, wish to participate in the Tommy Apostolos Annual Shopping Spree on December 7, 2024.

I understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in this activity.

I understand and acknowledge, and agree to hold harmless the Tommy Apostolos Fund, its officers, agents, or volunteers. They shall not be liable for any injury/illness suffered by me, which is incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this HOLD HARMLESS VOLUNTARY PARTICIPATION FORM and that I understand and agree to its terms.

VIDEO/PHOTOGRAPHY CONSENT / PERSONAL RELEASE AGREEMENT

I hereby grant the Tommy Apostolos Fund, their personnel or contractors, all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and or audio tapes involving the use of my voice or image, by the Program for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me. This agreement may only be modified in writing signed by the parties.

Signed: _____ Date: _____

YOU MUST BRING PHOTO ID FOR VERIFICATION