



# Fourth of July Street Faire & Fireworks Spectacular

Special Event Release & Waiver



Group/Agency _____	
Name _____	
Address _____	
City _____	Zip _____
Home Phone _____	Message Phone _____
Emergency Contact _____	Phone _____
Relationship to Participant _____	

**All Participants Must Complete This Section**  
**RELEASE & WAIVER BY VOLUNTEER**

I \_\_\_\_\_, choose to participate in the **Fourth of July Street Faire & Fireworks Spectacular (4th of July Street Faire)**, as a volunteer. I am aware that this is a volunteer assignment which may present risk of injury or death. I agree to assume all risks for injuries or death arising out of my participation as a volunteer. I agree that the City of Mission Viejo (City), the Mission Viejo Activities Committee (MVAC) and all employees, officials, agents, representatives and sureties of the City and MVAC **SHALL NOT** be responsible or liable for any death, injury, damage, loss, or expense, to my person and/or property, incurred while I am participating as a volunteer.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**All Volunteers Under 18 Years of Age  
Must Have Parent or Legal Guardian Complete This Section**  
**Consent of Parent or Legal Guardian for Minors Participation as a Volunteer**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ choose to permit \_\_\_\_\_ to participate in the **4th of July Street Faire** as a volunteer. I understand that my child or wards services are being offered on a voluntary basis without anticipation of any financial payment. I agree to assume all risks for injuries or death arising out of my child or wards participation as a volunteer. I agree that the City of Mission Viejo (City)/the Mission Viejo Activities Committee (MVAC) and all employees, officials, agents, representatives and sureties of the City and MVAC **SHALL NOT** be responsible or liable for any death, injury, damage, loss, or expense, to my child or wards person and/or property, incurred while he/she is participating as a volunteer.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR  
HOSPITAL CARE OF MINOR VOLUNTEER**

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, a minor, who was born on \_\_\_\_\_, authorizes medical, dental, surgical, or hospital care, treatment, or diagnosis for said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_