

2020 RIVERSIDE COUNTY FAIR AND NATIONAL DATE FESTIVAL ANNUAL MUSICAL PAGEANT

ALADDIN: THE MAGICIAN REMEMBERS

PARTICIPATION CONTRACT

I, _____,
(please print full name)

have had the opportunity to read and understand the Pageant Handbook and related materials and to attend an orientation meeting or otherwise had the opportunity to understand the rules, schedules, requirements and expectations for participation in the 2020 Musical Pageant for the Riverside County Fair and National Date Festival. I availed myself of all opportunities to understand, and am aware of, the responsibility I am undertaking and will adhere to all expectations set for me as a participant.

I understand that failure to meet my full commitment and fulfill the expectations set before me may result in termination from this production, and possibly future productions, and may subject me to liability if such failure results in detriment to the quality of the final production. I agree to promptly pay any fines or penalties imposed as they may be reasonably implemented.

I am aware that neither the county, nor the directors or producers of the pageant, carry insurance for injuries sustained in the course of my participation in the pageant and freely participate understanding and assuming the risks involved.

I understand that the county and/or the directors and producers of the pageant will be recording, photographing and videotaping the rehearsals, shows, and other events related to the pageant. I agree that they are the owner of such materials and all results and proceeds from them. I further agree that they may use the materials in whole or part along with my name, likeness and biographical material concerning me in any legal manner, including advertising and promoting this or future nightly musical pageants and events of the Riverside County Fair and National Date Festival. I release and discharge the county and the directors and producers of the pageant from any and all claims, demands or causes of action that I have against them, whether for libel, violation of any right of privacy, or any other matter arising out of or in any manner or connection with the use and exercise of the rights granted to them by this agreement.

DATE: _____

SIGNATURE: _____

As the parent (or LEGAL guardian) of the above participant that is a minor in age, I affirm the above agreement on behalf of my child and myself.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____ RELATION: _____

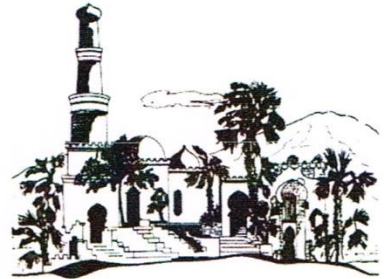
RIVERSIDE
COUNTY



**RIVERSIDE COUNTY FAIR &
NATIONAL DATE FESTIVAL**

ECONOMIC DEVELOPMENT AGENCY
COUNTY OF RIVERSIDE

Acknowledgement of Volunteer Assignment



I, _____, acknowledge that I am an at-will volunteer without vested property right in my position of _____ with the Riverside County Fair & National Date Festival. I acknowledge that *the County of Riverside does not provide Workers' Compensation insurance coverage to volunteers; however as a volunteer I am eligible to join the County of Riverside Volunteer Insurance Program which is a program that offers excess insurance coverage of my existing personal insurance which is primary.* I also acknowledge that *as a volunteer* I may be released at any time, without cause, and without right of appeal.

Volunteer's Signature

Date

Parent's Signature (if volunteer is a minor)

Date

ANNUAL MUSICAL PAGEANT

Department Assigned & Location



COUNTY OF **Riverside** HUMAN RESOURCES

HR/Risk Management Division
P.O. Box 1120
Riverside, CA 92502-1120
PH: (909) 955-3540 FAX: (909) 955-5855

18 AND OVER ONLY

VOLUNTEER APPLICATION AND PERSONAL HISTORY STATEMENT

Print or Type

Department:	<u>Nightly PAGEANT</u>	Position Desired:	<u>CASH AND/OR STAFF</u>
Location:	<u>INDIO FAIRGROUNDS</u> <u>[REDACTED]</u>		
Full Name:	_____		
Address:	_____		
	Number and Street	City	
If you have used any other names and or aliases please list on the back of Application.			
Length of Residence in California:	_____		
	<u>Less Than 4 Years. List Previous Addresses:</u> _____		

Home Phone:	Message Phone:		
Date of Birth:	_____		
	<u>[REDACTED]</u>		
	<u>[REDACTED]</u>		

ALL VOLUNTEERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK

1. Are you currently on any form of Probation or Parole? _____ Yes _____ No
2. Are any of your relatives/anyone residing in your home currently on probation/parole?
Yes _____ No _____
3. Have you ever been convicted of an offense other than a minor traffic violation? Yes _____ No _____
(A conviction record will not automatically disqualify you from a volunteer position)
4. Has your driver's license ever been suspended or revoked? _____ Yes _____ No
5. If you answered "Yes" to any of questions 1-4, provide the following information:

DATE OF OFFENSE	OFFENSE	SENTENCING DATE	DISPOSITION	CITY/STATE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____		RELATIONSHIP: _____	
ADDRESS: _____		_____	
Number and Street	City	Zip Code	
CONTACT PHONE NUMBER(S) _____			

I hereby understand that I maybe required having certain health tests, inoculations, etc., depending on my assigned job and location.

IN MAKING THIS APPLICATION VOLUNTEERING MY SERVICES, I UNDERSTAND THAT I AM COMMITTING MYSELF TO THE COUNTY OF RIVERSIDE'S PROGRAM FOR THE PERIOD AGREED UPON. I ACKNOWLEDGE I WILL NOT BE REIMBURSED FOR ANY OUT OF POCKET EXPENSES; I WILL ASSUME ALL RISKS OF INJURY OCCURING TO ME WHILE RENDERING MY SERVICES. AS A VOLUNTEER, I AM NOT COVERED BY WORKERS' COMPENSATION. IT IS ALSO MY UNDERSTANDING THAT A ROUTINE CRIMINAL RECORD CHECK IS MADE ON ALL VOLUNTEERS AND THE RESULTS OF SUCH CHECKS ARE UTILIZED FOR THE SOLE PURPOSE OF EVALUATING THE SUITABILITY OF A VOLUNTEER TO COMMENCE OR CONTINUE PROVIDING VOLUNTEER SERVICES. I UNDERSTAND THAT MEETING THE MINIMUM QUALIFICATIONS TO BECOME A VOLUNTEER SHOULD NOT BE CONSTRUED AS MEETING THE MINIMUM QUALIFICATIONS FOR PAID POSITIONS. I ALSO UNDERSTAND THAT A VIOLATION OF CONFIDENTIALITY CONSTITUTES A MISDEMEANOR CRIMINAL OFFENSE AND I AGREE TO CONSCIENTIOUSLY ADHERE TO THE POLICIES & PROCEDURES OF THE COUNTY OF RIVERSIDE AND THE ASSIGNED DEPARTMENT INCLUDING BUT NOT LIMITED TO CONFIDENTIALITY POLICY AND CODE OF ETHICS. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I DO NOT HAVE PROPERTY INTEREST IN THE POSITION AND MY VOLUNTEER SERVICE IS AT WILL. I RECOGNIZE THAT I CAN BE REMOVED FROM THE POSITION AT ANY TIME, WITHOUT CAUSE AND WITHOUT THE RIGHT TO AN ADMINISTRATIVE REVIEW OF MY REMOVAL.

SIGNATURE

DATE

FOR OFFICE USE ONLY