# 2020 RIVERSIDE COUNTY FAIR AND NATIONAL DATE FESTIVAL ANNUAL MUSICAL PAGEANT

#### ALADDIN: THE MAGICIAN REMEMBERS

### **PARTICIPATION CONTRACT**

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,	(please print full name)
an orientation meeting or othe expectations for participation i Date Festival. I availed myse	ad and understand the Pageant Handbook and related materials and to atter wise had the opportunity to understand the rules, schedules, requirements and the 2020 Annual Musical Pageant for the Riverside County Fair and Nation of all opportunities to understand, and am aware of, the responsibility I and all expectations set for me as a participant.
termination from this product	et my full commitment and fulfill the expectations set before me may result on, and possibly future productions, and may subject me to liability if such equality of the final production. I agree to promptly pay any fines or penalticably implemented.
	unty, nor the directors or producers of the pageant, carry insurance for injuric participation in the pageant and freely participate understanding and assumin
photographing and videotaping they are the owner of such ma use the materials in whole or any legal manner, including as the Riverside County Fair and I producers of the pageant from whether for libel, violation of	y and/or the directors and producers of the pageant will be recording the rehearsals, shows, and other events related to the pageant. I agree the terials and all results and proceeds from them. I further agree that they may part along with my name, likeness and biographical material concerning me vertising and promoting this or future nightly musical pageants and events of ational Date Festival. I release and discharge the county and the directors are any and all claims, demands or causes of action that I have against them any right of privacy, or any other matter arising out of or in any manner dercise of the rights granted to them by this agreement.
DATE:	SIGNATURE:
As the parent (or LEGAL gua agreement on behalf of my chi	rdian) of the above participant that is a minor in age, I affirm the above and myself.
DATE:	SIGNATURE:
PRINTED NAME:	RELATION:

#### RIVERSIDE c o u n t y



## 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 Fes	stival. 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 Volunt	teer Insurance Program which is a program that
offers excess insurance coverage of my existing	g personal insurance which is primary. I also
acknowledge that as a volunteer I may be released	d 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 F	PAGEANT
Department Assigned & Location	



# HR/Risk Management Division

UNDER 18 ONLY

P.O. Box 1120 Riverside, CA 92502-1120 PH: (909) 955-3540 FAX: (909) 955-5855

#### VOLUNTEER APPLICATION AND PERSONAL HISTORY STATEMENT

Print or Type  Department: Nightly PAGEANT	Position Desired:	CASH ANDLOW STATE
	ve and licurs Available	- ANDJUL O CALL
Full Name:		
Address:		
Number and Street ies and o	City or aliases please list o	Zip Code n the back of Application.
Length of Residence in California:		
IL-ess Iman America Dal Frederica Addressed		
Homo Dhono:	-	-
Home Phone:	Journal Trong	
Date of Birth:	JOHN DECH LENGTH STATE OF THE S	· · · · · · · · · · · · · · · · · · ·
10. Why do you want to volunteer and what do	you expect to gain per	sonally from this experience?
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The second secon		•
I be a selection of the state o		
I hereby understand that I maybe required have depending on my assigned job and location.	ving certain health tes	sts, inoculations, etc.,
depending on my designed jet and leedlen.		
IN MAKING THIS APPLICATION VOLUNTEERING COMMITTING MYSELF TO THE COUNTY OF RIVUPON. I ACKNOWLEGE I WILL NOT BE REIMBU ASSUME ALL RISKS OF INJURY OCCURING TO VOLUNTEER, I AM NOT COVERED BY WORKER UNDERSTANDING THAT A ROUTINE CRIMINAL AND THE RESULTS OF SUCH CHECKS ARE UTITHE SUITABILITY OF A VOLUNTEER TO COMMISERVICES. I UNDERSTAND THAT MEETING THIVOLUNTEER SHOULD NOT BE CONSTRUED AS PAID POSITIONS. I ALSO UNDERSTAND THAT AMISDEMEANOR CRIMINAL OFFENSE AND I AGRED POLICIES & PROCEDURES OF THE COUNTY OF INCLUDING BUT NOT LIMITED TO CONFIDENTING CERTIFY THAT ALL STATEMENTS MADE ON THE KNOWLEDGE. I DO NOT HAVE PROPERTY INTISERVICE IS AT WILL. I RECOGNIZE THAT I CANWITHOUT CAUSE AND WITHOUT THE RIGHT TO	VERSIDE'S PROGRAM RSED FOR ANY OUT ME WHILE RENDERIN RECORD CHECK IS IN ILIZED FOR THE SOLE ENCE OR CONTINUE E MINIMUM QUALIFIC METING THE MINIM A VIOLATION OF CONI REE TO CONSCIENTIC F RIVERSIDE AND THI ALITY POLICY AND CO HIS APPLICATION ARE EREST IN THE POSITION IN BE REMOVED FROM	I FOR THE PERIOD AGREED OF POCKET EXPENSES; I WILL NG MY SERVICES. AS A IT IS ALSO MY MADE ON ALL VOLUNTEERS E PURPOSE OF EVALUATING PROVIDING VOLUNTEER ATIONS TO BECOME A MUM QUALIFICATIONS FOR FIDENTIALITY CONSTITUTES A DUSLY ADHERE TO THE E ASSIGNED DEPARTMENT ODE OF ETHICS. I HEREBY E TRUE TO THE BEST OF MY MON AND MY VOLUNTEER MITHE POSITION AT ANY TIME.
Signature of Applicant	Date	
Signature of Parent	Date	

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