

ADULT RELEASE FORM (Age 18 and above)

Effective April 1, 200_____ – March 31, 200_____

I wish to perform volunteer construction and decoration of the float being entered in the forthcoming Pasadena Tournament of Roses Parade by the City of Burbank. I understand that some of the work may be hazardous and may involve risk of personal injury. In particular, I realize that the work involves climbing upon and working around scaffolds and frames from which I may fall or be struck by falling objects. It also involves work with sharp objects and flammable materials. Furthermore, I realize that the treatment of such injury is **not** covered by any medical insurance policy provided either by the City of Burbank, City of Pasadena, Pasadena Tournament of Roses Association, Burbank Tournament of Roses Association, or any other organization in charge of construction, decorating and transporting the float.

In the event that I should suffer any injury or illness requiring immediate medical attention while working on the float, the City of Burbank, City of Pasadena, Pasadena Tournament of Roses Association, Burbank Tournament of Roses Association, or any of their officers, directors, members, agents, assigns or employees, have my consent and permission to obtain medical care and treatment for me on my behalf. This consent extends to any doctor, dentist, nurse, paramedic, hospital or other persons or entities qualified and trained to treat such injury or illness in such manner as in their judgment and discretion is deemed necessary or advisable under the circumstances at such time. I will be responsible for the cost of such care or treatment.

In consideration for permitting me to work on the construction and decoration of the City of Burbank's float, I agree not to sue or press any claim against the City of Burbank, City of Pasadena, Pasadena Tournament of Roses Association, Burbank Tournament of Roses Association, or any of their officers, directors, members, agents, assigns or employees, for any injury to myself or damage to my property, as a result of, or arising out of my work on the float, or occurring on the property of the City of Burbank, – even if such injury or damage is due entirely to the negligence of the City of Burbank, City of Pasadena, Pasadena Tournament of Roses Association, Burbank Tournament of Roses Association, or any of their officers or employees, or to the condition of the float or the property upon which it may be located.

I understand that I may be photographed or videotaped for educational, training, research, curriculum, marketing or similar purposes.

I understand that areas of the float site are being recorded and monitored by video cameras at all times for security purposes.

Last Name (Please Print)	First Name
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Signature		Telephone		Service Hours Group/School Name
Today's Date		Cell Phone		
Address		Emergency Contact Name		
City, State, Zip		Emergency Contact Telephone		
E-Mail Address				

Do you wish to be added to the Rose Float e-mail list? **Yes / No / Already on the list**

Are you a Burbank Tournament of Roses Association member? **Yes / No**

Are you seeking Community Service hours? **Yes / No**